MARYLAND STATE DEPARTMENT OF HEALTH

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STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04900

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Poges Fand should be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after depth Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

Lee Silcox

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	CUMBER			MEMORI	IAL H	OSPI		Cra	ane (ator	renrea.j	Ch	emi	cal	Co.
13a. USI	UAL RESIDENCE (Whe	re deceased	lived, if instit	ution: Residence	e befare 1	3c. CITY OR	TOWN	13d. INSIDE CITY I		13e. STRE	EET AND NU	JMBER				
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	inditions, if any, wh		(b)	Sur	-le	and	and	h-	Ku	-	- 1		12	20	-	
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la		9 (4036)	(c)								350				4.9	
P	ART 2. OTHER SIGNIF	ICANT COND	TIONS CONTRI	BUTING TO DEA	TH BUT NOT	RELATED TO	THE TERMINA	DISEASE OR	CONDITIO	N GIVEN	IN PART 1(a)				
z	331x															
CERTIFICATION 12	a. DATE OF OPERATIO	N 19b. CC	NDITION FOR V	VHICH OPERATIO	N WAS PERF	ORMED	20a. AUTO	PSY?			YES, WERE F	INDINGS C	ONSIDER	ED IN CE	RTIFYING	G
E							YES 🗌	ИО 🔀		CAUSES (OF DEATH?					
	a. ACCIDENT WAS U			OF INJURY		21c. H0	W INJURY OCC	URRED (Ente	er nature	af injury	in Part 1	ar Part 2,	Item 18.)			
	or contributing Care			A. Manth Do A.	ay Year											
- 1 4	1d. INJURY OCCURRE	D 21e. P		AT HOME, FARM		RY.) 21f. LC	CATION Stree	t ar R.F.D. No	a.	City o	or Tawn		Caunt	у	S	itate
at W	hile Nat while wark			COPPLE BUILDIN	IU, EIL.						11	57.3				
	2a. I certify tha	t (l) (this	haspital) d	ttended the	deceased	from	funns	, 196		a (//	hol 2	1, 19	61-	that	(I) (w	e) last
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	EMOVAL (Specify) Burial	Apr	i.l. 21,	1968 G		aven	Memoria	7 Parl			urnie				el M	ld.
	NERAL DIRECTOR H. Lee Si	7	1.01. D		ADDRESS	anala .	W.J	2Sa. REC'D	P Resp	KAK 1	1968	EGISTRAPIA	SIGNAL	KE C	udge	4
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04960 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) JAMES BAKER R 4. RACE 3 SEX 5. DATE OF BIRTH WHITE male 2-16-97 attending physician and campletely filled in by the sermit. Then please remave carbon papers. Pogan, or remaval, and in any event, within 72 haurs 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED COUNTRYVIRGINIA U.S.A. ALLEGANY WIDOWED IX DIVORCED [7] requires that the death certificate be executed within 24 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done during mast af warking life, even if retired.) CUMBERLAND HOSPITAL 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Cumberland 14. FATHER'S NAME First Last 1S. MOTHER'S MAIDEN NAME First UNKNOWN UNKNOWN 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, na, ar unknawn) MEMORIAL HOSPITAL 20 10 707 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave signed by the burial-transit p rise to immediate cause (p), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending FUNERAL DIRECTOR: After this certificate has been as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? ad far use af Health p YES [NO T be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. be detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street ar R.F.D. Na. City or Town While Nat while at wark at wark 22a. I certify that (1) (this hospital) attended the deceased from M _19 saw the deceased alive on 12 director, page 3 shauld shauld be filed with the causes stated abave, (I) (we) (aid) (did nat) view the body after death.

ATTENDING

22e. ADDRESS

25a. REC'D

DATE

Hillcrest Burial Park

DIRECTOR

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

Cumberland, Md.

0498 2b. HOUR Month Day 30 6. AGE (In years IF UNDER 1 YEAR MDNTHS DAYS 12b. KIND OF BUSINESS OR INDUSTRY 13e. STREET AND NUMBER 215 Park Street Middle Last Address CUMBERLAND, MD. APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING County State and that in (my) (our) opinion death occurred on the date and have and fram the 22c. DATE SIGNED CUMBERLAND, MD. 23d. LOCATION (City or Town) (County) (State) Cumberland REGISTRAR REGISTRAR'S

30M REV. 1/68

22b. SIGNATURE

22d. PHYSICIAN'S

23a. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

REMOVAL (Specify)

B.

23b. DATE

Byron Kight

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

34963

L	04969)			ERTIF	ICATE OF D	DEATH				049	03	
1.	DECEASED-NAME (Type or print)	First Ellen		Middle Lee		Beeman		2o. DATE OF	DEATHonth	1.8	196		HOUR
3.	Female		4. RACE	nite		S. DATE OF BIRT	TH 902		6. AGE (In ye	eors y) YRS.	IF UNDER 1 YEAR	IF UNOER	24 HRS. MIN.
C	o. BIRTHPLACE (Stote of munitry) Maryla	and	U.S.A	A.	WIDOW		ED 🗌	COUNTY OF	Al	lega			Md.
	Frostbu	rg	give st		rs H	ospital	durinH8	OCCUPATION LOS VERKING	(Kind of world Interpreted in the	k dane etired.)	12b. KIND OF INDUSTRY	BUSINESS	OR
13	lo. USUAL RESIDENCE (Amissian) STATE]	Where deceased I		on: Residence before Allegany		or town aconing	yes NO		SEVE.		venue		
14	Ab	First raham	Middle	Thomps	son	1S. MOTHER'S MAII		garet	М	iddle	Ke	last rr	
1	60. WAS DECEASED EVI Yes, no, or unknown)			16b. SOCIAL SECURITY N	10.	7. INFORMANT Hugh B			Lonac	dress onin	9.1		
	Conditions, if ony rise to immediat stating the under	H WAS CAUSED BY IMMEDIATE (, which gave te cause (o), rlying cause	CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS (c)		ry		Joch y de	ias scle	usis			MATE INTERV NSET AND O	
	PART 2. OTHER SI 19a. DATE OF OPER	: Cellu	litie	TING TO DEATH BUT NO LCH OPERATION WAS PER	9-	20a. AUTOPS	Kheu	20b. IF	YES, WERE FIN OF DEATH?	idings con	NSIDERED IN CE	ERTIFYING	;
	210. ACCIDENT W. OR CONTRIBUTING (If either, notify n	CAUSE OF OEATH	21b. TIME OF HOUR A.M. P.M.	Manth Day Year		HOW INJURY OCCU		noture of injur	y in Port 1 or	Port 2, Ite	om 18.)		
	21d. INJURY OCCL While Not what work of work	JRRED 21e. PLA nile 21e. PLA	CE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	TORY.) 21f.	LOCATION Street	or R.F.D. No.	City	or Town		County		tate
	saw the causes st	deceased alive	o on	ended the decease H 1 8 11 (did not) view the b	9/280	and that in (my	, 19 <u></u>) (aur) apini		+ 1 (8	, 195 the date	and haur	(1) (wa and fra	e) last m the
	22b. SIGNATURE	Jan	ul	1	DI	ATTENDING PHYS.	DIR.	D. ECTOR	STAFF PHYS.	22c. D/	TE SIGNED	,8	
	22d. PHYSICIAN'S NAME (Type)		ILES		1,0,		ona	con	ing	, h	d 21	53	9
L	3a. BURIAL, CREMATIO REMOVAL (Specify)	4/	/21/68			Cemete	rv	Lona	conin	g	(County)	(State))
2	4. FUNERAL DIRECTOR George		m L	ADDRESS onaconing	g, M	id.	DATATION 2	22 196	8 25b. 185	ISTRAR'S S	Jusy	M.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. It should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hau

VR A15 (4) (30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME Middle (Type or Print) 10 Donald Bennett 6. AGE (In years IF UNDER 24 HRS. S. DATE OF BIRTH and P.M.3. last birthday) July 31, 1904 63 YRS White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) DIVORCED WIDOWED T Pennsylvania II S pages 1 and 2 with the State pencil in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Cumberland Harrison St. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 13b. COUNTY YES X NO Cumberland Office after 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Bennett George Examiner's hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If was give war or dates of service) 220-167.056 .⊆ within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY OCCLUSION pending" CORONARY IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove CORONARY rise to immediate cause (o). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 or removol, be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? execute the certificate. 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 should should PRIMARY OR CONTRIBUTING HOUR A.M cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. factory, office building, etc.) NOT WHILE AT WORK NOT WHILE For 22a. I certify that I took charge of the remains described above, held on Autopsy ... Natural causes X Accident . Suicide death resulted fram: Homicide CHIEF MEDICAL EXAMINER ACTUAL FUNERAL (ASSISTANT MEDICAL EXAMINER SIGNATURE _ O DEPUT DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth BENEDICT SKITARELIC, M.D. NAME (Type) 0 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 4/18/1968 Artemas Bennett Cemetery

ADDRESS

230 Balto Ave. Cumberland DATE ADD 9 9

J4964 20. DATE KNOWN Month Dov Yeor 2b. HOUR DEATH MATED X April 2 AM 2c DATE PRONOUNCED DEAD 2d HOUR 9. COUNTY OF DEATH Allegany 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY
Automobile Mechanic Sel

13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Self 228 Harrison St. Wilson ADDRESS Homer C. Bennett, RfD2, Box 164A, Everett, Pa. BETWEEN ONSET AND DEATH SINDIDEIN SCLEROSIS 20. AUTOPSY? NO X 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Port 2, Item 18.) City or Town County Stote Inspection X Inquiry X ond in my opinion Undetermined monner 22b. DATE SIGNED April 16, 1968 ADDRESS(Street, city, town, or couffumberland, Maryland 23d. LOCATION (City or Town) (County) (Stote) Bedford Penna Artemas 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Minutes Judg

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VR A15ME (5)

24. EUDERAL DIRECTOR

a re constitution of the Stati list distribut of the strate . the positive Bill We control some a fundamental and a second of #GEL Transfer Transfer Average of the state of the sta And the second of the second o error Devices and Assembly the Company of the compa The state of the s ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Fages 1 and 2 shauld be filed with the State Dept. at Health prior ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital or attending physician.

04964

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

54965

	Type or print) CYNTH	IIA LOUISE	BLANK	20. DATE	Month 4 Day	5 Year 68 11:
3. 5	FEMALE	4. RACE WHITE	5. DATE OF B		6. AGE (In years last birthdoy) YR5.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.
o.	BIRTHPLACE (Stote or foreign of oreign of the complete of the	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	1	RRIED 9. COUNTY ALLE	OF DEATH GANY	N
0. (CUMBERLAND, N	ID. give street address) MEM	ISTITUTION (If not in hospitol	during most of work	ION (Kind of work done ing life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	USUAL RESIDENCE (Where decease issian) STATE MD.	d lived, if institution: Residence before 13b. COUNTY ALLEGANY	13c. CITY OR TOWN CUMBERLANI		STREET AND NUMBER RESERVO	IR AVE.,
	FATHER'S NAME First RICHARD		NID	AIDEN NAME First MARY	Middle L.	RICE
	. WAS DECEASED EVER IN U.S. ARM (es, na, ar unknown) (If yes give wa	ED FORCES? or or dates of service) 16b. SOCIAL SECURITY NONE		L HOSPITAL	CUMBERL	AND, MD.
	PART I. DEATH WAS CAUSED IMMEDIA' Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	umonia ugolisia ugenifel	in Heart D		BETWEEN ONSET AND DEATH
CERTIFICATION	190. DATE OF OPERATION 19b. C	CONDITION FOR WHICH OPERATION WAS PE	ERFORMED 200. AUTO	CAL	o. IF YES, WERE FINDINGS CO USES OF DEATH?	NSIDERED IN CERTIFYING
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING or contributing cause of death (If either, notify medicol exomin	HOUR A.M. Month Day Year er) P.M. 1	9		injury in Port 1 or Port 2, Ite	em 18.)
W	at work at work	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.			City or Tawn	Caunty State
	saw the deceased al	s hospitol) ottended the deceos ive on , (I) (we) (did) (did not) view the	19 and that in (m)	, 19, ta_ ıy) (our) opinian deat	th occurred on the dot	, that (I) (we) lo e and hour and from th
	22b. SIGNATURE	& 10 Mirale	ATTENDI	NG MED.	STAFF PHYS. 22c. Di	ATE SIGNED
		ROBERT D. BROD		OO GREENE	ST., CUMBE	RLAND, MD.
E		.7,1968 Sunse	t Memorial 1	Park Cum	ATION (City or Town) berland, All	(County) (State) eganu, Md.
24.	FUNERAL DIRECTOR James F. Scar	pelli, Cumberlan	d, Md.	250. REC'D BY REGISTRAL	1968 REGISTRAR'S 5	IGNATURE Judge

LOUISE - SETUDI ATTITUDE - SELECTION

FEIGLE 17-67 THITE 10-17-67

CUMPERLAND, U.S. A. CHARLAND NOSE.

ALLEGANY CUMPERLAND X VV 342 RESERVOIR AVE.,

CHARD TO THE PARTY OF THE PARTY WAENERAL MOSPITAL - COMMESTICATE, D.

L OR. ROBERT O. BRODELL ___ SOO KREEKE ST., CLAMERLAND, MO.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE MARYLAND 21201

		04965			C	ERTIFICA	TE OF	DEATH	,			04	986
)		CEASED-NAME	First		Middle		Last		2a. DATE O			v	2b. HOUR
	(1	ype ar print)	.EZ	EKIEL	OLIN	ВОВ			APR'	Manth	Day : 9	Year 8	8:35AM
	3. SE	X	4	4. RACE			. DATE OF B	IRTH		6. AGE (In years	IF UND		IF UNDER 24 HRS. HOURS MIN.
	1	IALE		WHIT	E		02-	2-06	- T	last birthday)	'RS. MONTHS	DATS	HOURS MIN
	7a. E	IRTHPLACE (State ar	areign	7b. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED X	NEVER MAI	RRIED	9. COUNTY OF	DEATH			
		" MARYLA		U.S.A.		WIDOWED		RCED _		ALLEGAN			Md.
52		ITY OR TOWN OF DEA CUMBERLAND			treet address)	RED HE				Kind af wark da life even if retire SOR	ine 12b	ELANE	BUSINESS OR
2		USUAL RESIDENCE (W		125 COUNTY	1/	18c. CITY OR 1		13d. INSIDE CITY	100	REET AND NUMBER			
2		W.	VA.	TSB. COUNTY	MINERAL	RIDGE		<u> </u>			IAC A	ENUE	
3	14. F		irst	Middle	Last			IAIDEN NAME	First	Middle	9		Last
			BERT		вово			BELINE				ALTER	
	16a. Y	WAS DECEASED EVER es, na, ac unknawn)		ED FORCES? or or dates of service)	166. SOCIAL SECURITY N 214 07 5	0. 17. IN 700 H	SPITA	s. Hild	la Bobo	1 Potoma	s. Rid c St.	lgele.	
		18. CAUSE OF DEAT	H (Enter anl	y ane cause per lir	ne far (a), (b), and (c).)		. /	-		7)	1		NATE INTERVAL NSET AND DEATH
		PART I. DEATH	WAS CAUSED IMMEDIA	TE CAUSE (a)	eine u	~/	any	1 Ca	va 1-1	monely	1000	2	mecle
		1621		DUE TO, OR A	S A CONSEQUENCE OF		1	1			0/1		
		Canditians, if any, w		(b) <u></u>	theren,	eero	ull	Can	unen	m oxigi	May	mg /.	year,
3		stating the underly		DUE TO, OR A	S A CONSEQUENCE OF							10	
		last.)	(c)	TING TO DESTRUCT	Y DELATED TO	THE TERMINA	AL DISTACT OF	COUNTY ON ON	21 N. DADY 1/ 3			
		163 X	IFICANI CON	DILION2 CONTRIBO	TING TO DEATH BUT NO	I KELAIED IO	IHE TERMINA	AL DISEASE UK	CONDITION GIVI	N IN PART I(d)			
X	CERTIFICATION	19a. DATE OF OPERAT	ON 19b.	CONDITION FOR WH	ICH OPERATION WAS PER	FORMED	20a. AUTO		CALISE	F YES, WERE FINDING S OF DEATH?	GS CONSIDE	RED IN CEI	RTIFYING
1	CERI	21a. ACCIDENT WAS	UNDERLYIN			21c. HO	V INJURY OC	CURRED (Ent	er nature af inju	ıry in Part 1 ar Part	t 2, Item 18	8.)	
	MEDICAL	OR CONTRIBUTING [Manth Day Year								
	MED	21d. INJURY OCCURI While Nat while	ED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.					ar Tawn	Cau		State
		22o. I certify th	of (I) (thi	s haspital) atte	ended the decease	d from	3-2-1	19_	68, to_	4-10	1968	_, thot	(I) (we) last
H			ceased al ed above	(I) (we) (did)	anded the decease did not) view the b	ady ofter d	that in (n	ny) (aur) ap	oinion deoth				ind fram the
		22b. SIGNATURE	10	1/5/1/	Mentes	DEGRE	ATTENDI PHYS.	ING	MED. DIRECTOR	STAFF PHYS.	22c. DATE S	IGNED 2	18
1		22d. PHYSICIAN'S NAME (Type)	R. MI	LTENBERG	ER /		22e. AD	PRESS O TOMA	ST.	RIDGELEY	W.	'A.	
0	23a.	BURIAL, CREMATION,	23b. [DATE	23c. NAME OF C	EMETERY OR C	REMATORY		23d. LOCATI	ON (City ar Tawn)	(Cau	unty)	(State)
K	1	REMOVAL (Specify)	41	13/68	Sunset!	lemoria	el Pah	r.k	Cumbo	rland A	llega	iny,	Md.
130	24.	FUNERAL DIRECTOR			ADDRESS			2Sa. REC'D	BY REGISTRAR	25b. REGISTR	AR'S SIGNA	TURE	140
68		H.	Wayn	e George	Cumberla	id, Md.		DATE AC	DR 15	1968 00	line	and her	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dough Page 4 may be retained by the haspital or attending physician.

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HER STREET, CO.		THE PROPERTY OF			The Property of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04966 04967 CERTIFICATE OF DEATH Lost 20 DATE OF DEATH Middle DECEASED-NAME First 2b. HOURA death. uneral (Type or print) BOWER GRANT G ofter 4. RACE S. DATE OF BIRTH IE LINDER 1 YEAR 3. SEX 6. AGE (In years requires that the death certificate be executed within 24 bours after physician and campletely filled in by the lost birthdoy) WHITE 12-9-10 MALE within 72 haurs 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED X NEVER MARRIED ALLEGANY HYNDMAN. PA. U.S.A. WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street oddress) INDUSTRY CUMBERLAND MEMORIAL 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY BUFFALO 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First **EMERICK** BOWER EMMA WILLIAM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT CUMBERLAND, MD. Yes, no, or unknown) (II yes give war or dates of service) MEMORIAL HOSPITAL 21/1-09-07 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), gnd (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEA' Carolle IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work . 19____, that (I) (we) last 22a. I certify that (I) (this hospital) attended the deceased from.... , and that in (my) (our) opinian death occurred on the date and haur and from the sow the deceased alive on___ causes stated obove, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE PHYS 22e, ADDRESS PHYSICIAN'S CUMBERLAND. MD. NAME (Type)

has been of Health TO HOSPITAL OR ATTENDING PHYSICIAN: I Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page should be filed

VR A15 [4] 30M REV. 1/68

24 FUNERAL DIRECTOR Zeigler, Hyndman, Pennsylvania Harvey H.

23b. DATE

Apr. 13,

23o. BURIAL, CREMATION,

REMOVALE SPECTY)

1968 Madley Cemetery 2Sa. REC'D BY REGISTRAR ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

(County) (Stote) RD#1

Buffalo Mills, Pa.

25b. REGISTRAR'S, SIGNATURE 1968 Filonia

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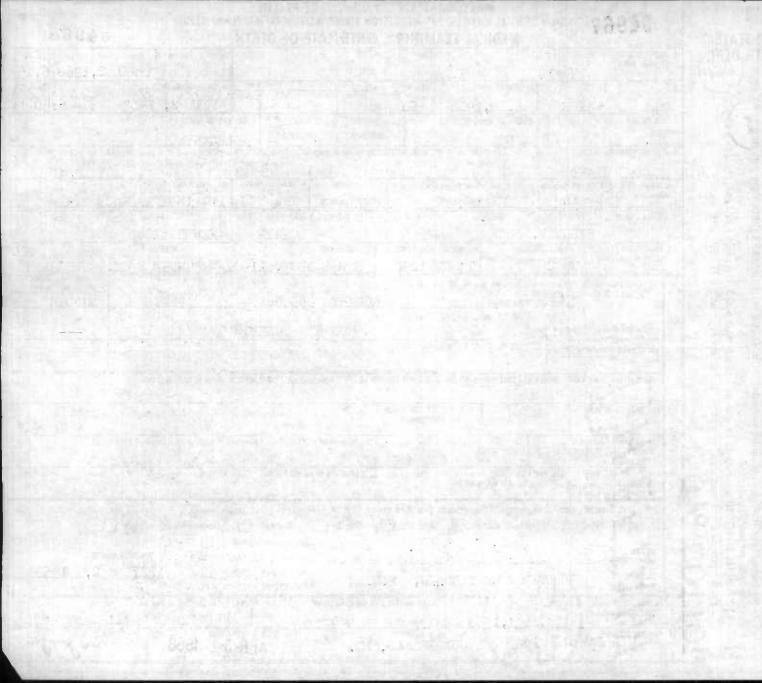
MARYLAND STATE DEPARTMENT OF HEALTH 04967

DIVISION OF VITAL RECORDS, 301 W. PRES	ION SIKEEL, BALLIMOKE, MAKILAND ZIZOL
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH

34968

	CEASED-NAME	F	irst	Mid	ldle	Los		7.7	OC CCTI	Doy Year	2b. HOUR
{1	ype or Print)	THOM	IAS	E.		BUCY			OF ESTI- DEATH MATED APRIL	2,1968	6:15M
3. SE	X	4. RACE	S. DATE OF		6. AGE (In year	s IF UNDER 1 YE		24 HRS.	2c. DATE PRONOUNCED DEAD		2d. HOUR
Ma	LE	WHITE	JAN.25	.1908	60 Y	RS. MONTHS	YS HOURS	mire.	APRTL 2, 1968	Yeor 19 6:	30 AM
	IRTHPLACE (Stot		7b. CITIZEN OF			AARRIED NEVEL	MARRIED	9. COU	NTY OF DEATH		
count	TY)		USA		W	IDOWED	DIVORCED	AT.T	LEGANY		Md.
	TY OR TOWN O	F DEATH	11.	NAME OF HOSPIT.	AL OR INSTITUTI	ON (If not in hos	pital 12o. U	ISUAL OCC	CUPATION (Kind of work done	2b. KIND OF BUS	INESS OR
	CUMBEI	RLAND	giv	e street address) MEMORIA	L HOSPI	TAL (DO	during C	ARMA	N II	NDUSTRY RATLROAI	
13a.	USUAL RESIDEN	CE (Where dec	eased lived, if ins	ritution: Residence	e befare 13c. C	ITY OR TOWN	13d. INSIDE CITY	-	13e. STREET AND NUMBER		
00	lmissian) STATE	ARYLAND) ISB. COUNTY	LLEGANY	CUM	BERLAND	YES	NO L	119 INDEPENDEN	CE STREE	<u>TT</u>
	ATHER'S NAME	First	Mid	die	Last	1S. MOTHER'S	MAIDEN NAME	First	Middle	Last	1
35		HARRY	V. BUCY				LOTTI	E	HENDRICKSON		
	WAS DECEASED EV			16b. SOCIAL SE	CURITY NO.	17. INFORMANT			ADDRESS		MD.
T th	ES no or unknov	WW.	give war or dates of service	214 07	1296	ETHEL	BUCY,	119	INDEPENDENCE ST.		
	18. CAUSE OF	DEATH (Enter	anly one cause pe	r line for (a), (b),	and (c).)					APPROXIMATE BETWEEN ONSET	
	PART I. I	DEATH WAS CAL	JSED BY: EDIATE CAUSE (o)			RONARY	OCCLUS	ION		SUDDEN	1
	410	7		OR AS A CONSEQU							
		any, which gov				CORONAL	RY SCLI	EROS.	IS		
		diote cause (on derlying cous	/.	OR AS A CONSEQU	UENCE OF						
72	lost.		-)								
	PART 2. OTHER	SIGNIFICANT CO	ONDITIONS CONTRIB	UTING TO DEATH	BUT NOT RELAT	ED TO THE TERMIN	IAL DISEASE OR	CONDITIO	N GIVEN IN PART 1(a)		
7	420	1	0.5 4 18								
CERTIFICATION	190. DATE OF (OPERATION			ON FOR WHICH	OPERATION		1		20. AUTOPSY	Y?
S				WAS PER	RFORMED?					YES 🗌	NO X
ER.	210. EXTERNAL	CAUSE WAS	21b. TIME	OF INJURY Month,	Doy, Yeor	21c. HOW INJUR	Y OCCURRED (E	nter natur	re of injury in Port 1 or Port 2, Iter	m 18.)	
MEDICAL	PRIMARY C	OR CONTRIBUTIN	IG HOUF	P.M.	19	538					
MED	21d. INJURY O		le. PLACE OF INJUR	Y (At home, form,	, street,	21f. LOCATION S	treet ar R.F.D. No).	City or Town	County	Stote
18	WHILE I	AT WORK	foctory, office bui	ding, etc.)							
	22a. I	certify that	I taak charge a	f the remains	described ab	ave, held an	Autapsy .	Ins	spliction X, Inquiry XX	, and in m	ny apinian
		esulted fram	_	auses XX,					Undetermined manner		
				00	(CHIEF MEDICAL	,	FR	77.12	
	ACTUAL	11/11	ead at	- SE	Tore	liel un	ASSISTANT MED			IGNED	
	SIGNATURE,_		and the second			M.U.	DEPUTY MEDIC			2, 19	968
1	EXAMINER'S NAME (Type)		ENEDICT S	KITAREL.	IC, M.	D.			wn, ar caunty)		
	BURIAL, CREMA		3b. DATE	23c. 1	NAME OF CEMET	ERY OR CREMATO	RY	23d.	LOCATION (City or Town)	(Caunty) (S	State)
F	REMOVAL (Spe	cify)	PRIL 4,1	968 IIN	TON CRO	VE CEME	ਪ ਰਸਾ			LEGANY	MD.
	FUNERAL DIRECT	TOR		- 1-70 - 11 m	ADDRESS		25a. REC	D BY REC	GISTRAR 25b. REGISTRAR'S SI	GNATURE	AND.
	WILL	LIAM G.	KIGHT	CUMB:	ERLAND.	MD.	DATE	APR	5 _ 1968 /	wer for	

VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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1,0	75.40	7.7	0	э

	ECEASED-NAME First (ype ar print) RE	Middle SNA	BI	Lost JTLER		DATE OF DI	Manth 22 ^{Do}	1968	2b. HOUR 6 A.
3. SE	FEMALE	4. RACE WHITE		DATE OF BIRTH		16	AGE (In yeors last birthday)	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
caur	Md.	76. CITIZEN OF WHAT COUNTRY? USA	WIDOWED			OUNTY OF DI	any		N
	ostburg	11. NAME OF HOSPITAL OR INS	initution (If not i				ind af wark dane e even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
	USUAL RESIDENCE (Where decease ission) STATE Md.	ed lived, if institution: Residence before 13b. COUNTY Allegany	13c. CITY OR TO	OWN 13d. II	NO NO	13e. STREE	• D •		
	FATHER'S NAME First Chancie WAS DECEASED EVER IN U.S. ARM	Middle Lost Hoover		NOTHER'S MAIDEN BORMANT	NAME First	a	Middle	Bitti	lost .nger
10a. Y		ar or dates of service) 186-32-5		s. Mar	rie Pl	Latte	Address r. Mt.S	avage.	Md.
	PART I. DEATH WAS CAUSED	y ane cause per line for (o), (b), and (c). BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	1) 6	Fai	D.				eys -
CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 2.							CONSIDERED IN C	ERTIFYING
MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	HOUR A.M. Manth Day Year P.M. 19		INJURY OCCURRE		7 14	in Port 1 ar Part 2,		
	at work of work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC. s haspital) attended the decease ive an		1		City ar	1	Caunty that	State (I) (100) la
	causes stated abave 22b. SIGNATURE 22d. PHYSICIAN'S	, (I) (we) (did) (di d not) view the l	pegree	ATTENDING PHYS.	MED.	TOR 🗆		DATE SIGNED	6 8 –
E	BURIAL, CREMATION, 23b. D		CEMETERY OR CR	EMATORY	23	d LOCATION	(City or Town) SVILLE 25b. REGISTRAR'S	(County)	(Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fludicector, page 3 should be detached far use as the burial-transit permit. Then pleose remove carban papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in ony event, within 72 haurs after VR A15 (4) 30M REV. 1/68

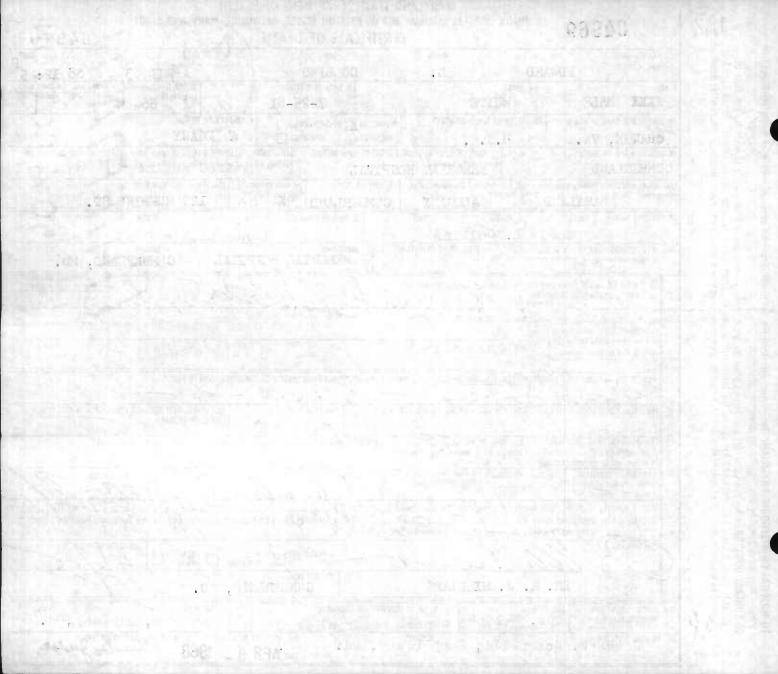
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificote be executed within 24 hours after death. Page 4 moy be retained by the hospitol or ottending physicion.

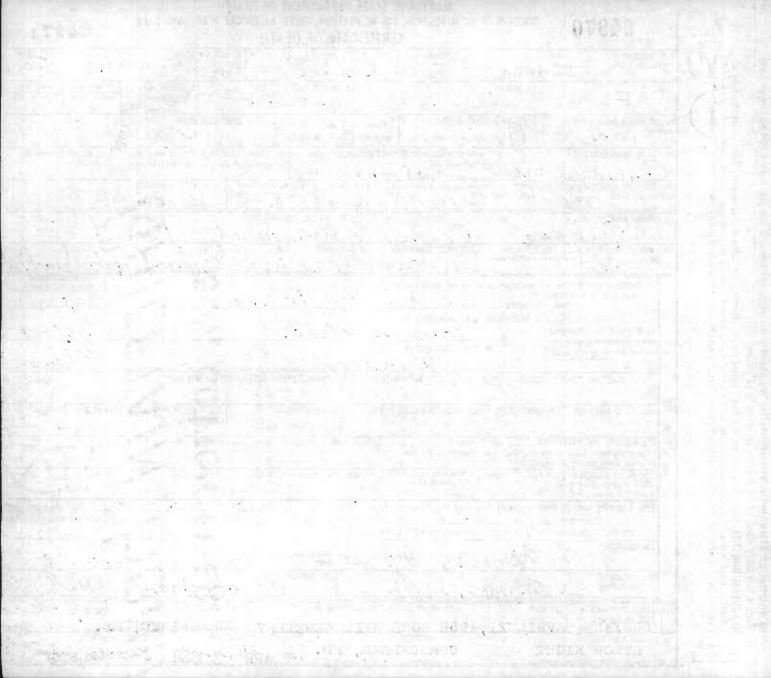
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04969 CERTIFICATE OF DEATH 049'0 DECEASED-NAME First Middle Lost 20. DATE OF DEATH death. 2b. HOUR_ and (Type or print) **EDWARD** L. COLLINS 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR Pages lost birthday MONTHS ! MRKK MALE WHITE 7-25-81 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED COUNTRY VA. and campletely filled in carban papers. AL LEGANY DIVORCED | within 72 U.S.A. WIDOWED [10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR the death certificate be executed within during most of working dife even it retired) CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY MARYLAND remave YES Y NO T 129 HUMBIRD ST CUMBERLAND 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Louis R. Collins Nancy Michie 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. ar unknawn) MEMORIAL HOSPITAL CUMBERLAND, MD. remova APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per lime for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove burial-transit requires that rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FEMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 196. DATE OF OPERATION 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? far use Health YES T NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No 21e. PLACE OF INJURY City or Town While Nat while 22a. I certify that (I) (this hospital) attended the deceased from ta sow the deceased alive an_ and that in (my) (our) apinian death occurred on the date and have and from the shauld causes stated above, (1) (we) (did (at)) view the bady ofter death 72b. SIGNATURE 22c. DATE SIGNED ATTENDING' STAFF directar, page 3 DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN 22e. ADDRESS DR. R. J. WILLIAMS CUMBERLAND, MD. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) Apr. 6,1968 Cumberland, Allegany, "d. Sunset Memorial Park F. Scarpelli, Cumberland, Md. 24. FUNERAL DIRECTOR 1968 30M REV. 1/68





TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24, Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			AIH					
	(Type as asint)	ER	Middle C. C	last RAWFORD	2a. DATE OF		130, Yea68	2b. HOUR
3.	SEX MALE	4. RACE	ORED	S. DATE OF BIRTH 8-22-14		6. AGE (In years last birthday) 53 YRS.		F UNDER 24 HRS. HOURS MIN.
70 ca	. BIRTHPLACE (State or foreign unfry) SO. CAROLINA	76. CITIZEN OF WHAT CO				DEATH		Md.
		11. NAME O	11 1					SINESS OR CATOLON
13 ad	missian) STATE	13b. COUNTY ALL	esidence befare 13 EGANY	CUMBERANDYES	NO□ 5		ST.	
	WALTER	Middle C .		RD	I NAME First	Middle	WILLIAM	last IS
16		nr or dates of service)			OSP RECORD	900 9	SETON DRI	VF
IFICATION	PART I. DEATH WAS CAUSED IMMEDIA Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A (charachis consequence of Hypertic consequence of General	isini	Eccalion	·	BETWEEN ON	T AND BEATH
	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH O	PERATION WAS PERFO	RMED 20a. AUTOPSY3			CONSIDERED IN CER	TIFYING
	OR CONTRIBUTING CAUSE OF DEATH	H HOUR A.M. Mo	inth Day Year					State
	While Nat while at wark 22a. I certify that (I) (this sow the deceased all	is haspital) ottende live on	d the deceased	from , and that in (my) (a	_, 19, ta	, 19), that (l) (we) last
	22d. PHYSICIAN'S		5- m.	O. DEGREE ATTENDING PHYS. 22e. ADDRESS 2.6	MED. DIRECTOR N. SMALLWO	STAFF PHYS.	E 4 No.	0.
L	SMOVAL (Specify) 5	DATE 3/68		of Burial	Pk Cun	25b. REGISTRAR		(State)
	3. 70 ccc 10 110 110 110 110 110 110 110 110	(Type or print) 3. SEX MALE 70. BIRTHPLACE (State or foreign country) SO. CAROL I NA 10. CITY OR TOWN OF DEATH CUMBERLAND 13a. USUAL RESIDENCE (Where deceas admissian) STATE MARYLA 14. FATHER'S NAME First WALTER 16a. WAS DECEASED EVER IN U.S. ARM Yes, na, or unknawn) (If yes give w YES) 18. CAUSE OF DEATH (Enter ann PART I. DEATH WAS CAUSE IMMEDIA Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CON 19a. DATE OF OPERATION 19b. 21a. ACCIDENT WAS UNDERLYIN GIVE either, natify medical examin 21d. INJURY OCCURRED While Nat while at wark at wark at wark at wark 22a. I certify that (I) (the sow the deceased a causes stated abave 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) C. V 23a. BURIAL, CREMATION, 23b. II 23b. II 23b. II 23c. PMOVAL (Specify) 23c. BURIAL, CREMATION, 23b. II 23d. BURIAL CREMATION, 23b. II 24d. BURIAL CREMATION, 23b. II 25d. BURIAL CREMATION, 25d. II 25d. BURIAL CREMATION, 25d. II 25	(Type ar print) WALTER 3. SEX MALE 70. BIRTHPLACE (State or foreign cauntry) SO. CAROL INA 10. CITY OR TOWN OF DEATH CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: R admission) STATE 13b. COUNTY ALL 14. FATHER'S NAME MARYLAND 14. FATHER'S NAME First Middle WALTER C. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter anly ane cause per line far PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A C Canditions, if any, which gave rise ta immediate cause (a). Stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH O While Or CONTRIBUTING CAUSE OF DEATH HOUR A.M. Mac (C) 19a. DATE OF OPERATION 21d. INJURY OCCURRED While OF INJURY (AT MC) While Nat while Of the deceased dive on causes stated abave, (1) (we) (did) (did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) C. VINCENT 23a. BURIAL, CREMATION. 23b. DATE 23a. BURIAL, CREMATION. 23b. DATE 23c. BURIAL, CREMATION. 23c. BURIAL, CREMATION. 23b. DATE 23c. BURIAL, CREMATION. 23c. BURIAL, CREMATION. 23d. BURIAL, CREMATION.	1. DECEASED-NAME (Type or print) WALTER C. C. 3. SEX MALE To. BIRTHPLACE (State or foreign country) SO. CAROLINA 10. CITY OR TOWN OF DEATH CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before ladmission) STATE WALTER C. CRAWFOF 14. FATHER'S NAME First Middle Lost WALTER C. CRAWFOF 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) WALTER C. CRAWFOF 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) WALTER C. CRAWFOF 16b. SOCIAL SECURITY NO. 149 -05 -153 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BUT OF CONTRIBUTING CONTRIBUTION CONT	DECEASED-NAME Tirst WALTER C. CRAWFORD	COLORED S. DATE OF BIRTH	I. DECESSED NAME First WALTER C. CRAWFORD 20. DATE OF DEATH APPRINED D. CRAWFORD 3. SEX A. RACE COLORED 8 - 22 - 14 9. COUNTY OF DEATH COUNTRY S. DATE OF BIRTH S. DATE OF BIRTH COUNTRY S. DATE OF BIRTH S. DATE OF BIRTH COUNTRY S. DATE OF BIRTH S. DATE OF BIRTH DIVORCED 9. COUNTY OF DEATH COUNTRY S. DATE OF BIRTH S. DATE DIVORCED 9. COUNTY OF DEATH 9	Detail Color Crawford Color Color

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MARYLAND STATE DEPARTMENT OF HEALTH 14972 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04973

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
o. COUNTY ALLEGANY MARYLAND	O. STATEMARYLAND B. COUNTY ALLEGANY
b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give negrest town) CUMBERLAND 1 HR 20MIN	LA VALE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL	540 BRADDOCK AVENUE YES NO NO
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) DAVID F	DAVIS OF APRIL 2 19 68
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost bighthody) Months Doys Hours Min.
MALE WHITE WIDOWED DIVORCED	7-25 1720 17 yis.
00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) NDUSTRY B & O R. R.	WARREN, OHIO USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
DAVID G. DAVIS	BESSIE I. BEAR
(Yes no arunknown) (If use aim was as dates of samisa)	7. INFORMANT Address
(Yes, no, or unknown) (If yes give wor or dates of service) 217-10-1126	MEMORIAL HOSPITAL, CUMBERLAND, NO.
1B. CAUSE OF DEATH (Enter only one couse per line for (9), (b), ond (c).)	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cecua - UNSET AND DEATH
15 19 DUE TO	
Conditions, if ony, which gove (b) (b)	
stoting the underlying couse DUE TO	
lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING 200. TOTAL BUTTING CLAUSE OF DEATH 200. TOTAL BUTTING CL	YES NO
☐ 206. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRI	D. (Enter noture of injury in Part I or Part II of item 18.)
	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.)
p.m. 17 of work 🗀 of work	
21. I certify that (I) (this haspital) attended the deceased fram	, 19, ta, 19, that (I) (we) last
	hat death accurred at 12:50 ArM causes and an the date stated above.
220/ SIGNATURY 11 04 /1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	ATTENDING MED. STAFF 22b. DATE SIGNED
L. C.	M.D. PHYS. DIRECTOR PHYS. 17
22c. PHYSICIAN'S NAME (Type)	
DR. OLIVER H. NADEAU	
- DEMOVAL (Cif.)	
24. FUNERAL DIRECTOR ADDRESS ADDRESS	orial Park Cumberland, Md. Allegany
James F. Scarpelli, Cumberland, Mo	250. REC'D BY REGISTRAR 1968 25b. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and director, page 3 shauld be detached for use as the burial crematian, ar remaval, and in any event, within 72 hours after deal should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after deal the Tune 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET,

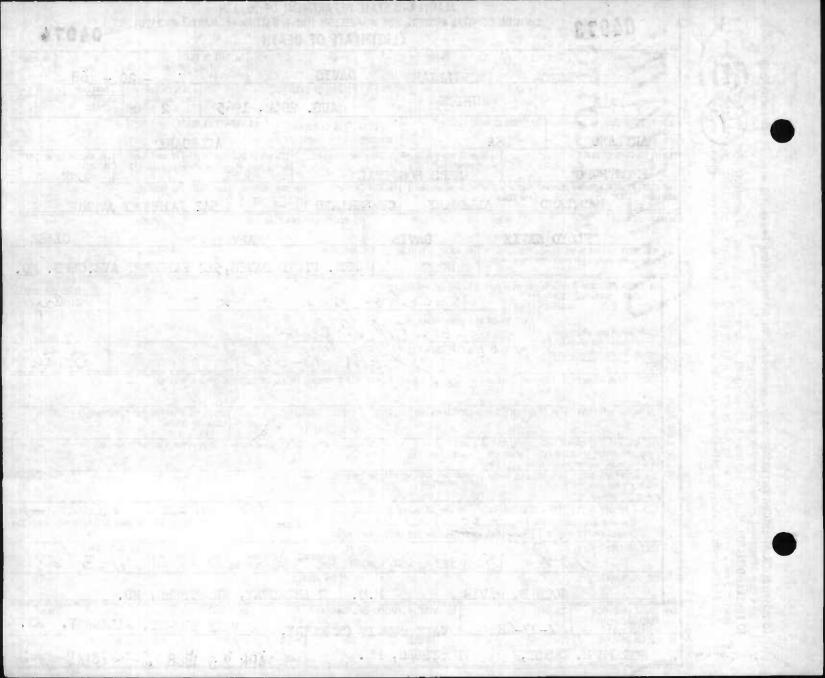
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1. DECEASED-NAME	First		Middle	- 35.0	Lost		20. DATE OF	DEATH	100000	2b. HOUR		
(Type or print)							20. 51112 01	Month Day	- Year 8	ZB. HOOK		
0.654	ROY		MALLITAM		DAVIS			4 - 20		,		
3. SEX	TEP	4. RACE	WHITE		S. DATE OF B			6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		
			MILTID		AUG.	28th,	1965	2 YRS.				
70. BIRTHPLACE (Sto	te or foreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRI	ED NEVER MA	RRIED	9. COUNTY OF	DEATH	Tall All			
MARYLA	ND	USA		WIDOW		RCED 🔲	ATJ	EGANY		Me		
10. CITY OR TOWN O	F DEATH	11. N	AME OF HOSPITAL OR II	NSTITUTION (If nat in hospital	12o. USUA		(Kind of work done	12b. KIND OF	BUSINESS OR		
FROST	BURG	give	street address) MINERS HO	SPTTA	Т.		ast of working NONE	life, even if retired.)	INDUSTRY NOM	r ·		
		ed lived, if institut	ign. Posidones hefare	13c. CITY	OR TOWN	13d. INSIDE CITY LI		REET AND NUMBER	NON	<u> </u>		
admission) STATE	MARYT.AN	D 13b. COUNTY	LECANY		BERLAND	YES NO		2 FAIRMONT	ATTICATED			
14. FATHER'S NAME	First	Middle	Last	OBFIL	15. MOTHER'S M	AIDEN NAME E		Middle	AVENUE	Lost		
14. TATTIER 3 MARIE					IS. MOTHER'S M	IAIDEN NAME TI	1121	Middle				
14 WAS DESTACED	FLOYD		DAV		7 015001111	M	ARY			CLISE		
Yes, no, or unknown		ar or dates of service)	16b. SOCIAL SECURITY	NO.	7. INFORMANT			Address				
			NONE		MRS. F.	LOYD DA	. 15,54	FAIRMONT				
18. CAUSE OF	DEATH (Enter on	ly ane cause per li	ne far (a), (b), ond (c).)						MATE INTERVAL INSET AND DEATH		
PART I. D	EATH WAS CAUSEI) BY: ATE CAUSE (o)	Brown	lio	Bue	unor	wa		2	days.		
759	7 3	- "	AS A CONSEQUENCE, OI	E . A	100	T		NEW YORK		-		
Conditions, if	ny, which gove	/	ongene	11 11	Lelo	els.						
rise ta immed	liote couse (o), ((D)	AS A CONSEQUENCE OF							A		
stating the ur	iderlying cause	DUE TO, OK A	MANA A	lin	an 1	In Pres			B	· th.		
PART 2. UTHER	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
8 3254	5254											
19a. DATE OF OI	PERATION 19b.	CONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20a. AUTO	?YZ9C		YES, WERE FINDINGS OF DEATH?	ONSIDERED IN C	ERTIFYING		
RTIFI					YES		8-1-1-					
21a. ACCIDENT	WAS UNDERLYIN			21c	HOW INJURY OC	CURRED (Enter	hoture of injur	y in Port 1 or Port 2,	tem 18.)			
	NG CAUSE OF DEAT y medical examin		Month Day Yea	19								
Zid. Miloki O	CCURRED 21e.		AT HOME, FARM, STREET, F.		LOCATION Stre	et or R.F.D. No.	City	or Town	County	Stote		
While Nat	while		OFFICE BUILDING, ETC.	/	,			1				
		is hospitall att	nded the deceas	and from	4/10	, 19.4	28 to 5	1/20 10	68 that	(1) (we) las		
saw th	e deceased a	live an	Zo	19 68	ond that in (n	ny) (our) opi	nion death	occurred on the do	te and hour	and from the		
couses	stated above	, (I) (wo) (did)	(ditrior) view the	body oft	er deoth.	.// Care / ob.			10 0114 11001	ond nom m		
22b. SIGNATURE		0 -	0		MA				DATE SIGNED	11.		
	Do	xu 15	. How	م ہ	EGREE PHYS.		IRECTOR	STAFF PHYS.	1/23/	68-		
22d. PHYSICIAN	i's //	100			22e. ADI							
NAME (Ty)	JOF	IN B. DAY	TTS	M.	D. 2	BROADUA	Y. FRO	STBURG, MD				
23a. BURIAL, CREMA					OR CREMATORY			N (City or Tawn)	(County)	(Stote)		
REMOVAL (Spec	ify)						TATE	SUMMIT, A				
24. FUNERAL DIRECT		-23-68	ADDRES	SUMMI	T CEMET	T 2Sa. REC'D B'		2Sb. REGISTRAR'S		,		
	H R. DU	o cm	FROSTBUF	_						1		
90001	II II. DO	وعالما	FINOSTDUL	علات والما		DATE A1	DD 9 E	1468 /00	warlen !	ACO TO		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled, director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon page should be filed with the State Dept. at Health prior to buriol, cremation, or removal, and in any event, within X

VR A15 (4) 30M REV. 1/68



5 moy be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages I and 2 with the State Depart Heolth prior to burial, cremation, or removal, and in any event within 72 hours after death.

necessary, pleose execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm This certificate should be executed within 24 hours ofter death DICAL EXAMINER: TO DEPUTY

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ITAL RE	CORDS,	301 W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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107	20	12.7	- 8	27

	ECEASED-NAME	Firs		Middle		Lost			20. DATE KNOW		Doy Yeor	2b. HOUP
- (Type or Print)	Vira	ril	Lee	3000	Dean			OF ESTI- DEATH MATE	D APR	IL 22 196	87:45M
3. SI	EX	4. RACE	S. DATE OF BIR	TH 6 6. AG	E (In years birthday)	MONTHS DAYS	IF UNDER HOURS	24 HRS.	2c. DATE PRONO	UNCED DEAD		2d. HOUP
8	Male	White		ry 1927 /	7 YRS.	70:			APRIL	22 ^{Doy}	1968 19	7:45
7o.	BIRTHPLACE (Stot	e or foreign	7b. CITIZEN OF WHA	AT COUNTRY?		RIED NEVER MA		9. COUN	ITY OF DEATH			
	Mary		USA				ORCED _	1	Alle			Md.
10. 0	Cumbe:			ME OF HOSPITAL OR II		(If not in hospito Retreat			UPATION (Kind) working life, ev Ly		12b. KIND OF B INDUSTRY County	
130.			sed lived, if institu	rion: Residence before			3d. INSIDE CITY		13e. STREET AND		J G G G G G	2101110
	dmission) STATE		12L COUNTY	Allegany		erland	YES X	NO 🗆	504 Dec	eatur S	treet	
14. F	ATHER'S NAME	First	Middle	Lost		15. MOTHER'S MA	IDEN NAME	First		Middle		ost
		Lee	Port	y Dear			G	ertr	ade		Nazelro	od
	WAS DECEASED EV es, no, or unknov	ER IN U.S. ARMED		16b. SOCIAL SECURITY N		. INFORMANT				DDRESS		berland
1,	Yes	(II YES SIVE	war or dates of service)	236-36-1	450 N	frs. Don	na Le	e Dea	an. 504	Decatu	r St. 6	设施影色并至 a
				e for (o), (b), ond (c).			10200		4			ATE INTERVAL SET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ACUTE FATTY LIVER									Days		
20	5/1	, 0		AS A CONSEQUENCE OF								
		ony, which gove liote couse (o),	(b)			DOOR WAND NAMED OF THE PERSON	K ET	HANOI	XXXXX	X	11	
		iderlying couse	DUE TO, OR	AS A CONSEQUENCE OF							THE	
		CONTINUE CONT	(c)	IO TO DESTRUCTION	Dellaren T	O THE TERMINA						
	PART 2. DIHER	SIGNIFICANT CONL	OHION2 CONTRIBUTION	NG TO DEATH BUT NOT	RELATED II	O THE TERMINAL	DISEASE OR (CONDITION	GIVEN IN PART	1(0)		
LION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION							20. AUTOF	PSY?			
FICA	170. 57112 01 0	. Carring		WAS PERFORMED?							YES (2	
CERTI	21o. EXTERNAL	CAUSE WAS	21b. TIME OF I	NJURY Month, Doy, Yea	r 210	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)					3 110	
MEDICAL CERTIFICATION	PRIMARY 0 CAUSE OF DEAT	R CONTRIBUTING	HOUR A.A								1 11 125	
MED	21d. INJURY OC	CURRED 21e.	PLACE OF INJURY (A	t home, form, street,	21	f. LOCATION Stree	or R.F.D. No.		City or Town	1	County	Stote
	WHILE N	OT WHILE fo	ctory, office building	j, etc.)				TT.				
46	220. 1	certify that I t	ook chorge of th	e remains describ	ed obove,	held on Aut	opsy X	Insp	ection X,	Inquiry [A and in	my opinion
	deoth re	sulted fram:	Natural caus	es 🔯, Acciden	t 🔲,	Suicide	Homicid	le 🔲,	Undetermin	ned monner		
		1	, , ,	00:	- 1		IEF MEDICAL	EXAMINER				
	SIGNATURE Denedict Tritarclic M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED											
	EXAMINER'S	THENTS	DION CKI	DADELTO N	n		PUTY MEDICA				22, 1968	
	NAME (Type)			PARELIC, M							ND, MARYI	LAND
230.	REMOVAL (Spec		DATE /20/			OR CREMATORY			LOCATION (City of	,		(Stote)
0.4	Puria	7	4/25/196			n Cemete			een Spr:		Mineral	W Vo
	FUNERAL DIRECT	~ W.	Hoder	ADDRI			2So. REC'I		1000	b. REGISTRAR'S	SIGNATURE	W.Va.
	John J.	Hafer,	Jr. (230	Balto Ave.	. Gumi	perland	POATS 7	11 11 2	, 5 1000			0

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after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04976

	ECEASED-NAME Type ar print)	FANNIE	Middle V اعنی	DEI	E I BAUGH	2a. C	APRO	<u>L</u> 3°°	, 1 ⁴ 9%		1:50
3. SI	EX	4. RACE		S	. DATE OF BIRTH	1 7	6. AGE (In years	IF UNDER 1 YEA		ER 24 HRS.
	FEMALE		WHITE	32	MARCH 1	0,188	6 last 82	YRS.	MONTHS	15 NOUKS	min
7a.	BIRTHPLACE (State or fore	ign 7b. CITIZEN OF W	'HAT COUNTRY? 8	MARRIED [NEVER MARRIED	9. COU	NTY OF DEATH				
cau	"BEDFORD C	O, PA. U.		WIDOWED X		AL	LEGANY				Md
10.	CITY OR TOWN OF DEATH	11.1	IAME OF HOSPITAL OR INSTIT	UTION (If nat			PATION (Kind of			OF BUSINES	SS OR
	CUMBERLAN		street address) FMORIAL HC	SPITA	durit	ng mast at w	rarking life, even	if retired.)	INDUSTRY		
13a.	USUAL RESIDENCE (When	a docogood lived if inceieu	tion. Decidence before 1	c. CITY OR T	OWN 13d. INSIDE	CITY LIMITS?	13e. STREET AND	NUMBER			
adm	issian) STATE PENNA	13b. COUNTY	EDFORD	BEDF	ORD YES	NOV	ROUTE	3. BE	DFOR	D.PA	
	FATHER'S NAME First	Middle	Last	15.	MOTHER'S MAIDEN NA	ME First		Middle		Last	
	AE	BIA	AKERS			SAR	RAH		WI	NCK	
	. WAS DECEASED EVER IN		16b. SOCIAL SECURITY NO.		ORMANT			Address			
	Yes, na, ar unknawn)	Tyes give war ar dates at service)	182-22-1	83 DE	MORIAL H	OSPIT	AL, CUM	BERLA	IND, I	MARY	LANI
		Enter anly ane cause per I	ine far (a), (b), and (c).)	0						ROXIMATE INTE	
	PART I DEATH WA		Mete statue	Care	inoma li	Tele or	ligni n	ت	40,770	II OHSET AND	OLAIII
	1.541	mines in a crose (d)	AS A CONSEQUENCE OF	1148	inoma li		0				
	Conditions, if any, which	h gave)	AS A CONSEQUENCE OF	rei	em				1 2	yes	
	rise ta immediate cau		AS A CONSEQUENCE OF							1	
	stating the underlying	(c)	AS A CONSEQUENCE OF							0	
	PART 2 OTHER SIGNIFIC		JTING TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE	ORCONDITIO	ON GIVEN IN PART	1(a)		-	
	154 X										
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFO	RMED	20a. AUTOPSY?		20b. IF YES, WER	E FINDINGS (ONSIDERED IN	CERTIFYIN	NG
FICA	2 yes	CARCINO	-		YES N	014	CAUSES OF DEATH	1?			
CERT	21a. ACCIDENT WAS UN				/ INJURY OCCURRED		af injury in Part	1 or Part 2.	Item 18.)		
MEDICAL	OR CONTRIBUTING CAL	SE DE DEATH HOUR A.M.	Manth Day Year					,	,		
MED	(If either, natify medica 21d, INJURY OCCURRED	21e PLACE OF INITIRY	(AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	Y.) 21f 100	ATION Street or R.F.I	D. Na	City or Town		County		State
	While Nat while	1	OFFICE BUILDING, ETC.	7	311011 311001 31 1(.)		any ar rann				51010
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	saw the dece	osed olive on	tended the deceased	2, ond	that in (my) (our	opinion d	eoth occurred	on the do	ate ond ho	ur ond fr	om the
	causes stated	obove, (I) (we) (did)	(did not) view the bo	dy after de	oth.						
	22b. SIGNATURE	2	1		ATTENDING	MED	STAFF		DATE SIGNED		
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	22d. PHYSICIAN'S	CADITON	BRINGETEL	D	22e. ADDRESS 40 1	DECA	TUR ST	DEET	CHMR	EDI A	ND
	HAMIT (1Abe) DE	. CARLIUN	BRINSFIEL								NU,
	8URIAL, CREMATION,	23b. DATE	23c. NAME OF CE				LOCATION (City or				
	REMOVAL (Specify)	4/7/68		t Ce	metery	Evi	erett,	Bedf	ord [,0.,	Ра.
	FUNERAL DIRECTOR	1,0	ADDRESS		2Sa. RE	C'D BY REGIS	TRAR 25b.	REGISTRAR'S	SIGNATURE		,
	Lumbord	V' Courses	Everet	it, P	a DATE	APK 9	_ 1968	fine	mes y	The same	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers.. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

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requires that the death certificate be executed within 24 hours after physician and campletely filled in by carban papers. 10 signed by the burial-transit p burial, cremation attending has been far use Health this certificate haspital O HOSPITAL OR ATTENDING Page 4 may be retained by the Puneral DIRECTOR: After director, page VR A15 (4)

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

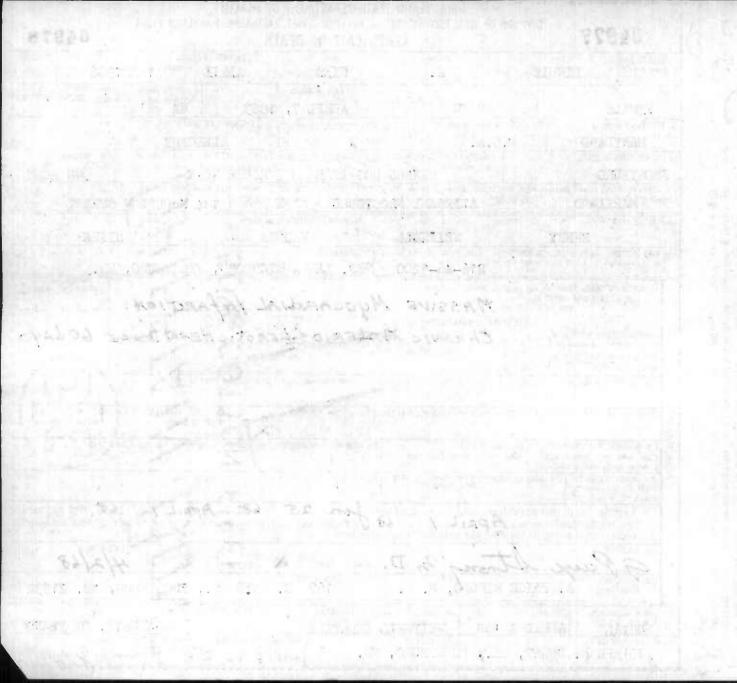
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. DECEASED-NAME First (Type or print) LINN	Middle E •	Lost FIK		o. DATE OF DEATH APRIL Month 1 Do	Y1.968eor	2b. HOUR
S. SEX FEMALE	4. RACE WHITE	S. DATE	DF BIRTH LL 7, 1883	6. AGE (In years lost birthdoy) YRS.		UNDER 24 HRS. HOURS MIN.
o. BIRTHPLACE (Stote or foreign country) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER	OIVORCED	OUNTY OF DEATH ALLEGANY		M
O. CITY OR TOWN OF DEATH FROSTBURG		ERS HOSPITA	during most of HOUS	CCUPATION (Kind of work done of working life, even if retired.) SE WORK	12b. KIND OF BUI INDUSTRY OWN	
30. USUAL RESIDENCE (Where deceosed dece	ed lived, if institution: Residence before 13b. COUNTY ALLEGANY		13d. INSIDE CITY LIMITS?		H STREET	
4. FATHER'S NAME First HENRY 160. WAS DECEASED EVER IN U.S. ARM	Middle Lost WEITZE MED FORCES? [16b. SOCIAL SECURITY	LL	S MAIDEN NAME First FANNIE	Middle Address	STARK	Lost
Yes, no, or unknown) (If yes give wo	ar or dates of service) 216-46-520			ORN, FROSTBURG	MD.	
× 4201	DUE TO, OR AS A CONSEQUENCE O (b) Chronic Consequence of the conseque	NOT RELATED TO THE TER PERFORMED 200.		OTTION GIVEN IN PART I(0) 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?		TIFYING
G (If either, notify medical examin	H HOUR A.M. Month Doy Yeo	or 19		ture of injury in Port 1 or Port 2,		
While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.			City or Town	County	Stote l) (we) lo:
22b. SIGNATURE	is hospital) attended the deceo live an APR, 1 e, (I) (we) (did) (did nat) view the	e bady offer deofh.	n (my) (our) opinio		ote ond hour on	id from th
NAME (Type) A. I	Alnong m. PAIGE STRONG, M. I	DEGREE PH	ADDRESS	TOR PHYS.	4/2/68	1532

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fuheral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Poge 4 may be retained by the hospital or attending physician.

death.

VR A 5 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR JOS EPH R. DURST, SR., FROSTBURG, MD.



FOR STATE HEALTH-DEPT

iny delay is

DICAL EXAMINER: This certificate shauld be executed within 24 haurs after death

O DEPUTY

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necessary, please execute file certificate, writing the Chief Medical Examiner's Office along with farm PM3. Page the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3+0

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar to burial, crematian, or remaval, and in any event within 72 haurs after death. 5 may be retained far your files.

VR A15ME (5) \$ 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL	FXAMINER'S	CERTIFICATE	OF DEATH

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3. SI		4. RACE	1 11 7	OF BIRTI		6. AGE (In y		DAYS	HOURS	MIN	2c. DATE PRON				4 HOUR
_	MALE	WHITE			,1903	64	YRS.				APRII	7	1968 Year	19	P N
	BIRTHPLACE (Stot	te or foreign	7b. CITIZEN	OF WHAT	T COUNTRY?	8.	MARRIED	NEVER MA	ARRIED X	9. COL	INTY OF DEATH			-	
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130.		ICE (Where dece	ased lived, i	instituti	on: Residence				3d. INSIDE CITY		13e. STREET AN				
	dmission) STATE	MARYT.	AND 3b. CO	JNTY AT.T	ECA NY	150	UMBERL		YES XX	NO 🔲	21/ CO	TIMBT	A STREE	्राम्	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04980 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2o. DATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type ar print) SARAM GRINDEL FRANKLIN 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) MONTHS : DAYS WHITE FEMALE NOVEMBER 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (auntry) DIVORCED WIDOWED T ALLEGANY dod 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital and in any event, within 12a. USUAL DCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 101 McCUL during most of working life, even if retired.) FROSTBURG 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY LEGANY YES T McCULLOH 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle ROBERT WHITE JANE NESBIT physician a 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT FROSTBURG. MD. Yes, no, or unknown) burial, crematian, or remayal. 101 McCULLOH ST APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave: burial-transit rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. stating the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO I 10 FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Day (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street ar R.F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive anand that in (my) (aur) apinian death occurred an the date and haur and from the filed with the causes stated above, (1) (we) (did) (did no) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE directar, page shauld be filed PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE SOWERS HAFER-SOWERS FUNERAL VR A15 (4) 30M REV. 1/6B 25 1968 QUELL HOME GOW. MAIN FROST BURGDATE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04981 CERTIFICATE OF DEATH 1. DECFASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR, (Type or print) Month CLARA GAYHART 5. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS 6-28-93 WHITE FEMALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED MARYLAND ALLEGANY U.S.A. WIDOWED X DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during mest of werking life aven if retired.) HOSPITAL HOME CUMBERLAND 13c, CITY OR TOWN 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY ALLEGANY CUMBERLANDYES X NO 214 SOUTH LEE ST. 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Middle Lost Lost KING SMITH CATHERINE WILLIAM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, na, or unknown) CUMBERLAND, MD. MEMORIAL HOSPITAL UNKNOWN 1B. CAUSE OF DEATH (Enter only one cause per line fog (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Welletins 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO A 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year (If either, natify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. Na. City or Tawn County State While Nat while at work 22a. I certify that (I) (this hespital) ottended the deceased from 4/2/2, 1965, ta 30, 1965, that (I) (We) last sow the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 17 DEGREE DIRECTOR 22e ADDRESS ERLAND, MD. 22d. PHYSICIAN'S NAME (Type) CLAY DURRETT 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) MAY 3 1968 HILLCREST BURIAL PARK CUMBERLAND 24. FUNERAL DIRECTOR BY REGISTRAR

CUMBERLAND, MD.

VR A15 (4) 30M REV. 1/68

BYRON KIGHT

director, page 3

funeral

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O FUNERAL DIRECTOR: After this certificate has been

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				CERTIFICA	ATE OF DEAT	H			04	202
	ECEASED-NAME	First	Middle	-V-61 14	Lost	20.	DATE OF DEATH			2b. HOUR
(1	Type or print)	Effie	Watson		George		April	13 Doy	1968	4 T
3. SI	EX	4. RACE			S. DATE OF BIRTH		6. AGE (In	yeors	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	Wh:	ite	7	March 20,	1894	last birth	doy) YRS.	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (Stote or fo		WHAT COUNTRY?		NEVER MARRIED	9. COL	INTY OF DEATH			
10. 0	CITY OR TOWN OF DEAT	H 11	1. NAME OF HOSPITAL OR IN	L	t in hospitol 12o.	USUAL OCC	UPATION (Kind of we		12b. KIND OF	BUSINESS OR
	umberland		304 Cumber		durin	most of	working life, even if Work	retired.)	INDUSTRY Laur	dans
		are deceased lived if ins	titution: Pasidance hafore		TOWN 13d. INSIDE	CITY LIMITS?	13e, STREET AND NU		Lau	lary
odm	ission) SIAIE	13b. COUN	llegany	Cumbe	Ven -		304 Cumb		d Street	at.
		rst Midd			MOTHER'S MAIDEN NAI	MF First	1204 Camb	Middle	00100	Lost
1-4.		ohn S			MOTTER 3 MAIDEN NA	Marv		madio	Stever	
160	WAS DECEASED EVED H	N II C ADMED ENDIES?	TIAL SOCIAL SECTIPITY		IFOR MANT	I'BLL'Y		Address	2 ce ver	15011
100	Yes, no, or unknown)	(If yes give war or dates of service)			D			- 3 GT	A
	No				s. George	Durst	, 504 611111	oer 1a.	APPROXI	MATE INTERVAL
	18. CAUSE OF DEATH PART I. DEATH W	IAC CALIEFO DV	er line for (o), (b), ond (c)							DOS:
	TAKI I. DEATH II	IMMEDIATE CAUSE (o)	Congestiv	re Hea	rt Failu	re			7 1	103
			OR AS A CONSEQUENCE OF						1	0.000
	Conditions, if ony, what rise to immediate co	nich gove) (b)	Coronary	Heart	Disease			JE 101	4. ye	ars
	stoting the underlying	DUE TO	OR AS A CONSEQUENCE OF						100	
	last.	(c)								
	PART 2. OTHER SIGNIF	FICANT CONDITIONS CONT	RIBUTING TO DEATH BUT N	IOT RELATED TO	THE TERMINAL DISEASE	OR CONDIT	ON GIVEN IN PART 1	(o)		
Z	4201					35.	1996			
CERTIFICATION	190. DATE OF OPERATIO	IN 19b. CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	347.7	20b. IF YES, WERE		INSIDERED IN C	ERTIFYING
TE	TALL TO LOCAL				YES NO	0 📉	CAUSES OF DEATH?			
	210. ACCIDENT WAS U		IE OF INJURY		W INJURY OCCURRED	(Enter notur	e of injury in Port 1	or Port 2, It	tem 18.)	
MEDICAL	OR CONTRIBUTING C		I.M. Month Doy Yeor	9						
MED	21d. INJURY OCCURRE		RY (AT HOME, EARM, STREET, EA		CATION Street or R.F.D.	D. No.	City or Town		County	Stote
	While Not while of work		OFFICE BUILDING, ETC.	/						
	22g cortifue the	at (1) (this basnital)	attended the decase	ad from	2 - 55	10	to A	4 10	68 that	(1) (wa) le
	saw the dec	ensed alive an	attended the deceas	19 68 and	that in (my) (qur)	apinian	death accurred a	in the dat	e and haur	and fram th
	causes state	ed abave, (I) (we) (c	lid) (did not) view the	bady after d	eath.	, apilitali	accomod a		0 0110 11001	and mann n
	22b. SIGNATURE	1)	D .			HED	67.55	22c. D	ATE SIGNED	7
		Relate 1	Oken .	DEGRE	E PHYS.	MED. DIRECTO	R STAFF [☐ Apı	ril 15,	1968
	22d. PHYSICIAN'S	7			22e. ADDRESS		Park.			
	NAME (Type)	Ralph W. Ba	llin, M.D.		62 Gree	ene St	treet, Cur	nberla	and, Md	. 2150
23n	. BURIAL, CREMATION,	23b. DATE	23c, NAME OF	CEMETERY OR	CREMATORY	23d.	LOCATION (City or T	own)	(County)	(Stote)
	REMOVAL (Specify)	4/16/6			rial Park		ar Cumber		,	, ,
24	FUNERAL DIRECTOR	A CONTRACTOR OF THE PARTY OF TH	JOHN APPRES			C'D BY REG		EGISTRAR'S		
10	John J Haf	br Ir ako	Balto Ave.	CHMb.					reles Ju	del
	COURT OF TIGHT	progre who	TOTAL OF LEADING	رو و سست	DATE	11 11	- 1040	(E		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the standard director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban popers. Pages shauld be filed with the State Dept. af Health prior to burial, crematian, or remaval, and in any event, within 72 hours after Page 4 may be retained by the haspital ar attending physician. VR A15 (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou

** #Seau Talle (Street and extend action action is a pitting categories design of the colored to the state of the s ten bedring Mig. Junet of word from the SDE - 10- Violet A STRUCTURE OF THE PARTY OF THE the contract of the contract o The art amount of the control of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04982 04983 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOURD death and (Type or print) Month JOHN M. GORNALL 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR lost birthdoy) MONTHS DAYS HOURS MALE WHITE 12-7-01 66 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED filled in remave carban papers. country) WIDOWED T DIVORCED within 72 CUMBERLAND MD ALLEGANY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) CUMBERLAND the attending physician and campletely sit permit. Then please remave carban MEMORTAL HOSPITAL RETIRED 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY MC DONALD TERRACE LIEGANY CITMBERLAN remaval, and in any 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle WILLIAM F. GORNALL FLORA GANDY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no, or unknown) (If yes give war or dates of service) MEMORIAL HOSPITAL CUMBERLAND 18. CAUSE OF DEATH (Enter only one cause per line for (aboth), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 0 DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ed far use a NO 🗍 YES 🗀 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at wark 220. I certify that (I) (this hospital) attended the deceased from 4-5-, 1968, to 4-65-, 1968, that (I) (we) last saw the deceased alive on 4-968, and thot in (my) (eur) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE ATTENDING STAFF director, page 3 shauld be filed DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) DR. WITLITAMS CUMBERLAND. MD. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Apr. 9, 1968 Cumberland, Allegany, Md. SS. Peter & Paul Cemetery 250. REC'D BY REGISTRAR DATE APR 9 _ 1 Scarpelli, Cumber MPRES. Md.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours ofter death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 30M REV. 1/68

04984

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	ECEASED-NAME Type or print)	First RAYM	OND	Middle E		HENF.	RY	20. DATE OF	OEATH Month D RTL 2	9.1968	2b HOUR
3. S	EX		4. RACE			S. DATE OF E	IRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	MALE	2013		WHITE		12-	17-188	36	lost birthory)	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (Stote or ntry) mary	3	U.S.		WIDOWE	9 8-	RRIED 9	ALLEC			Md.
)	CUMBERLA	MD	give		HOSE	PITAL	during mo	Stof working	(Kind of work done life even if cetired INTENANCE	INDUSTRY CELA	BUSINESS OR NESE
odm	nission) STATE MI		lived, it institu 13b. COUNTY	tion: Residence before	FROS	OR TOWN STBURG	13d. INSIDE CITY LIM		SET SPRING	ST.	
14.		First DRGE	Middle	Lost HENRY		1S. MOTHER'S N	AIDEN NAME Fir	ora ORA	Middle	ROSS	S
	. WAS DECEASED EVER Yes, no, or unknown)	IN U.S. ARMED (If yes give war or		16b. SOCIAL SECURITY N 214-07-50		MEMOR	TAL HOS	SPITAL	Address CUMBE	RLAND,	MD.
	18. CAUSE OF DEA' PART I. DEATH Conditions, if ony, we rise to immediate stating the underly lost.	WAS CAUSED BY IMMEDIATE which gove couse (o),	Y: CAUSE (o) DUE TO, OR (b)	AS A CONSEQUENCE OF	sew Leu	teni (stery"	There	mbori	APPROXII BETWEEN O	MATE INTERVAL INSEL AND DEATH
CERTIFICATION	PART 2. OTHER SIGN 332 × 0 190. DATE OF OPERAT	Heur	racle	UTING TO DEATH BUT NO FICH OPERATION WAS PER	hear	20a. AUT	OPSY?	20b. IF	. ,	CONSIDERED IN CI	ERTIFYING
MEDICAL CERTII	21o. ACCIDENT WAS	CAUSE OF DEATH dicol exominer)	HOUR A.M. P.M.	Month Doy Year	,	_	CURRED (Enter		ry in Port 1 or Port 2	, Item 18.)	
W	at work of work			(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			Section 1	_	or Town	County	Stote
	saw the de	eceased alive	on	ended the decease (did not) view the l	960,0	ind that in (n	y) (aur) apin	o, ta ian death (accurred on the c	9 <u>68</u> , that date and haur	(I) (we) last and fram the
	22b. SIGNATURE	them	resu	io-	DE		☐ DIR	D. RECTOR	STAFF PHYS. 220	DATE/SIGNED	
	22d. PHYSICIAN'S NAME (Type)	DR.	S.G.	WEISMAN		22e. AD	MBERLA	ND, M	D.		
	. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATI	2 168		CEME			LO	ON (City or Town) ARTOWN, A		(Stote) MD.
	FUNERAL DIRECTOR OSEPH R. 1	DURST.	SR., FI	ADDRESS ROSTBURG, 1	MD. 2	1532	DATE MA		1968 REGISTRAR	Signature &	udge



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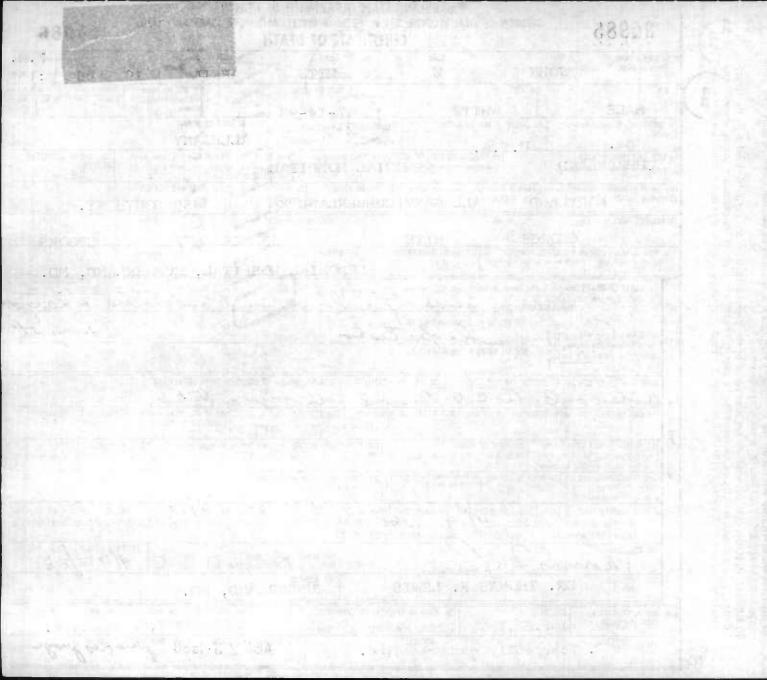
CERTIFICATE OF DEATH									
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(1)	ype or print)	JOHN	W		HITE		APRI	Month	I 9	1	68	9:	TSM
3. SE	X	4. RACE			S. DATE OF BIRTH	*		6. AGE (In y	ears	IF UNDER	R I YEAR DAYS	IF UNDER	24 HRS.
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o. B	IRTHPLACE (Stote or for	eign 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRI	ED 🔀 NEVER MARRIED 🗌	9. (COUNTY OF	DEATH					
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30.	USUAL RESIDENCE (Whe	re deceased lived, if i	nstitution: Residence l	pefare 13c. CITY	OR TOWN 13d. INSIDE	E CITY LIMITS	? 13e. STR	EET AND NUM					
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4. F	ATHER'S NAME Fire		ddle	Last	IS. MOTHER'S MAIDEN NA	AME First		N	Middle			Lost	
		GEORGE		TE		JENN	ITE				CRO	OKS	
60. Y	WAS DECEASED EVER IN	U.S. ARMED FORCES? (If yes give war ar dates of serv	16b. SOCIAL SEC	URITY NO.	7. INFORMANT			Ac	ddress				
_	no				MEMORIAL I	HOSP	PITAL	_ CUM	BER	LAN	D	MD MATE INTER	
	18. CAUSE OF DEATH PART 1. DEATH W.		per line for (a), (b), o	and (c).)	0		2.0		0		BETWEEN O	MATE INTER	DEATH
я	PART I. DEATH W	IMMEDIATE CAUSE (a)	Jeno	- fo	ileve	-acc	ulea	ndch	nen	40	2	Ka	40
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	Conditions, if ony, whi		Ken	sale	tis		TOOK.		to N	1	12	سمريها	K
	stating the underlyin		, OR AS A CONSEQUEN	ICE OF									
	last. 5870) (c)										
	PART 2. OTHER SIGNIF	CANT CONDITIONS CON	ITRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMINAL DISEAS	E OR CON	DITION GIVEN	IN PART 1(o)		12.		
N	arteno	schrole	i C. V. L	lineas	e with v	you	and	itis				100	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION	WAS PERFORMED	20a. AUTOPSY?	9		YES, WERE FII OF DEATH?	NDINGS C	ONSIDER	ED IN C	ERTIFYIN	G
RTIFI					YES N	10 🗌	CAUSES	OF DEATH!					-31
MEDICAL CE	210. ACCIDENT WAS U OR CONTRIBUTING CA (If either, natify medic	USE OF DEATH HOUR	IME OF INJURY A.M. Manth Day P.M.		HOW INJURY OCCURRED	(Enter na	iture of injur	y in Port 1 or	Port 2,	Item 18.)		
¥	21d. INJURY OCCURRED	21e. PLACE OF IN.	JURY (AT HOME, FARM, ST	REET, FACTORY.) 21f	LOCATION Street ar R.F.	D. Na.	City	ar Town		Caunt	hy	5	State
Н	While Not while at wark		Variet Boiletto, I		. /			1					
	22a. I certify tha	(I) (this hospital) ottended the de	eceosed fram				119	, 19	68	, that	(I) (w	e) las
	saw the dece	osed alive on obove, (I) (we)	4/4	1968,	and that in (my) (our) opinio	on deoth o	ccurred on	the do	te ond	hour	ond fro	om the
	22b. SIGNATURE	obove, (I) (we)	(aia) (aia nori viev	w the body off	er death.				1 22.	DATE SIG	MED	-	
ij	Vha	nas f	Lauri	D	EGREE PHYS.	MED.		STAFF PHYS.] 220.	4/2	1	68	
	22d. PHYSICIAN'S NAME (Type)	DR. THOM	AS F. LI	EWIS	22e. ADDRESS CUMBE	RLAN	VD, M	D.					
?3a.	BURIAL, CREMATION,	23b. DATE		ME OF CEMETERY	OR CREMATORY			N (City ar Tov		(Coun		(State	;)
	REMQYAL Specify)	Apr.22,	1968 Zio	n Memor	ial Park	(Cumbe:	rland	,A11	ega	ny,1	Md.	
24.	FUNERAL DIRECTOR,	Scarpelli	L, Cumber	DDRESS Land, Md	2So. RI	APR	EGISTRAP 1	308 REG	FREE	SIGNATI	RE Y	udge	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours often death. VR A15 (4) 30M REV. 1V88

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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in pencil in Item 18. Give Pages

This certificate should be executed within 24 haurs after death

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with fare

necessary, please execute the certificate, writing the ward "pending"

DICAL EXAMINER:

TO DEPUTY

Health priar to burial, cremation, ar remayal, and in any event within 72 hours after death.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File

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MARYLAND STATE DEPARTMENT OF HEALTH 04987 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04988

1. DECEASE (Type or		First		Mic	ddle		Lost			20. DATE KNOW		Doy	Yeor	2b. HOUR
(14he n	M	arshall		El	mer		Imes			OF EST	ED X 4 -	30	1968	5 a M
3. SEX	4. RAC		5. DATE OF BIR	RTH	6. AGE	(In years	IF UNDER 1 YEA			2c. DATE PRONO				2d. HOUR
Male	Wh:	1+0	Mose 21	1896		irthday) YRS.	MONTHS DAY	HOURS	MIN.	April	30.	Year	1968	9 a.M
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10 CITY OF	TOWN OF DEATH	La			ZAL OD INS		(If not in hasp		I ALIZII	CCUPATION (Kind		T126 KIN	D OF BUSIN	Md.
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						Jumb	erland	YES 🗌		Rt.#4,E		Unr		na.
14. FATHER		First	Middle		Lost		1s. MOTHER'S				Middle		Lost	
	U	pton			Ime	5			Loui	isa			Johns	son
	ECEASED EVER IN U			16b. SOCIAL SE	CURITY NO). 1	7. INFORMANT	40.00			ADDRESS			
	arunknawn)	(If yes give war o	T dates of service)	214-0	5-41	99 M	rs. R.F	. Stre	ett.	Rt.#4,	Christi	e Rd	Cun	nb. Md
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rise t	rise to immediate cause (a), (b).													
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PART	2. OTHER SIGNIFIC	CANT CONDITIO	NS CONTRIBUTI	ING TO DEATH	BUT NOT F	RELATED	TO THE TERMINA	L DISEASE OR	CONDITIO	ON GIVEN IN PAR	T 1(o)			
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E E		BALLYCIS											YES 🗌	NO X
	EXTERNAL CAUSE		21b. TIME OF HOUR A.	INJURY Month,	Doy, Yeor	2	1c. HOW INJURY	OCCURRED (E	nter notu	ure of injury in Po	ert 1 or Port 2, It	tem 18.)		
	MARY OR CONT SE OF DEATH	KIBUTING [P.		19									
	INJURY OCCURRED		E OF INJURY (At home, farm,	, street,	2	1f. LOCATION Str	eet or R.F.D. No	0.	City or Tov	vn	County	У	State
WH AT W	HILE NOT WHILE	factory	, office buildin	g, etc.)										
	22a. I certif		charge of t	he remains	doscribor	dahaye	held an A	itansy 🗀	la	spection X	Inquiry 3	7	nd in my	aninian
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	AL, CREMATION,	23b. DA	ľE	23c. N	NAME OF C	EMETERY	OR CREMATORY		23d	LOCATION (City	or Town)	(County)	(Sta	ate)
	OVAL (Specify)	5-2	-68/	Hi	llcre	st I	Burial 1			ar Cumbe	erland,	llleg	any.	Md.
1/	DESTOR /		26/	1	ADDRES			2Sa. REC		GISTRAR 2	Sb. REGISTRAR'S	SIGNATUR	Quede	والم
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FOR STATE HEALTH DEPT

O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta 5 may be retained far yaur files.

TO DEPUTY

VR A15ME (5) 10M REV. 1/68

Health priar ta burial, crematian, ar remayal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH 04988 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	CEASED-NAME ype ar Print)	Earl Earl	st	Grav	Middle		Last Kalbaug h			2a DATE KNOW OF ESTI	- 4	1 Doy	Year 168	2b. HOUR
	ale	4. RACE White	Oct		3, 1895	6. AGE (In years last birthday) 72 yr	S IF UNDER 1 YEAR MONTHS DAY	R IF UNDER S HOURS	MIN.	DEATH MATE 2c. DATE PRONO Month April			Vans	2d. HOUR 7.30
7a. 8 count	IRTHPLACE (State	e ar foreign	75. CITIZEN	A.	T COUNTRY?	WI		IVORCED		of death				Md.
	TY OR TOWN O				ME OF HOSPITAL	OR INSTITUTION	ON (If not in hasp			UPATION (Kind working life, ev			KIND OF BUS	NESS OR
	USUAL RESIDEN missian) STATE		osed lived, if 13b. COL	instituti JNTY A	ion: Residence b	efore 13c. (l' Wes	ternport	13d. INSIDE CITY YES X		700 Ro				
	THER'S NAME	THE REAL PROPERTY.		_	baugh	Last		MAIDEN NAME			Middle		Last	
	es no or unknow	'ER IN U.S. ARMED	PFORCES?		220-16		17. INFORMANT Robert	Kalba	ugh •	-Wester	DDRESS nport	, Md		
		EATH WAS CAUS			e far (a), (b), an	d (c).) CORO	NARY OC	CLUSIO	N				APPROXIMATE BETWEEN ONSET SUDDE!	AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF CORONARY SCIEROSTS DUE TO, OR AS A CONSEQUENCE OF													
	4201		DITIONS CON		99		D TO THE TERMINA	L DISEASE OR	CONDITION	GIVEN IN PART	1(a)			
CERTIFICATION	190. DATE OF C	PEKATION			19b. CONDITION I WAS PERFOR		PERATION						20. AUTOPSY	NO □X.
MEDICAL CER	21a. EXTERNAL PRIMARY O CAUSE OF DEAT	R CONTRIBUTING		IME OF IN OUR A.M P.M		y, Year 19	21c. HOW INJURY	OCCURRED (E	nter nature	e of injury in Po	rt 1 ar Part	2, Item 1	8.)	
ME	21d. INJURY OC WHILE AT WORK		PLACE OF IN actory, affice		hame, farm, str , etc.)	eet,	21f. LOCATION Str	eet or R.F.D. No),	City or Tow	'n	Co	ounty	State
22a. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquiry , and in my condition to the control of the control														
	BURIAL, CREMA REMOVAL (Spec	ify)	DATE +/25/6	8		Philo	RY OR CREMATORY		23d.	LOCATION (City Western	or Town)	(Cau	nty) (Si	ale)
24.	PUNERAL DIRECT	Bow	2	We	sternpo	rt, Md	i	2Sa. REC	D BY REGI	6 1968	b. REGISTRA	ir's sign	ATURE Jus	ge

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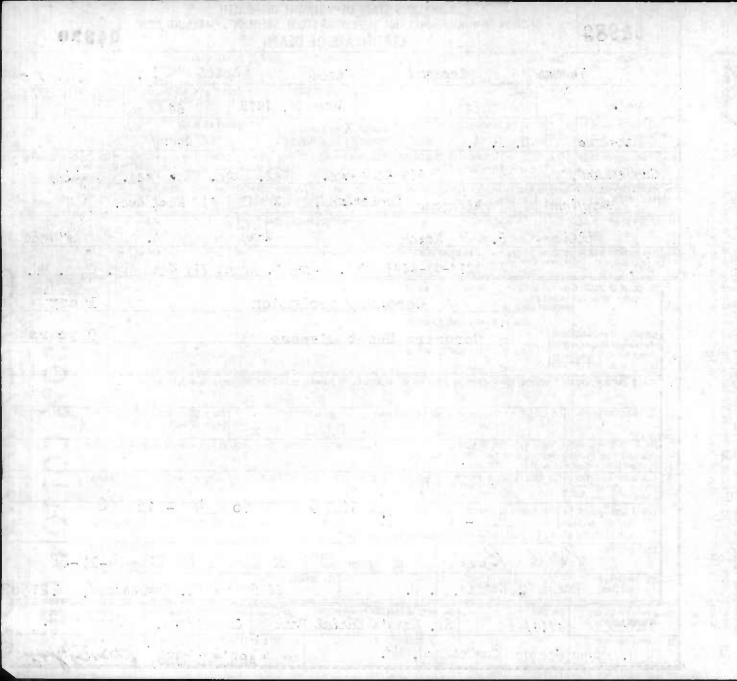
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

					CERTIFI	LAIE UT	DEAIR				2		
	CEASED-NAME	First		Middle	8	Last		2o. DATE		1		2b.	HOUR
(1)	ype ar print) 7	homas		Leonard		Keech		Apri	e Month 16	, Day 68	Yeor	1	AN
3. SE			4. RACE			5. DATE OF			6. AGE (In year	rs IF UN	DER 1 YEAR	-	R 24 HRS.
	Male		Wh	ite		June	29, 19	703	6. AGE (In year last birthdoy)	YRS. MONT	HS OAYS	HOURS	MIN.
7o. B	IRTHPLACE (Stote or for	eign 7b	CITIZEN OF WH	IAT COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COUNTY	OF DEATH				
caun	try) Marylana		U. S.	Α.		DIV		A	llegany				Mo
	ITY OR TOWN OF DEATH			AME OF HOSPITAL OR INS			12o. USU	IAL OCCUPATION	ON (Kind of work	done 12	b. KIND OI	BUSINES	S OR
	Cumberlana	,	give	street oddress) 919	Kent	Ave.	Ret.	Exec.	ng life, even if reti	red.) In	Bank	ina	
13a. admi:	USUAL RESIDENCE (Whe ssian) STATE Maru	re deceased Land	lived, if institut 13b. COUNTY	ion: Residence before		rtown rland,	13d. INSIDE CITY I	LIMITS? 13e.	STREET AND NUMB 19 Kent	ER			
14. F	ATHER'S NAME Fire	st	Middle	Last		S. MOTHER'S	MAIDEN NAME	First	Mid	dle		Last	
	Wil	liam	E.	Keech			Ma	vry	Α.			O'Ne	il
	WAS DECEASED EVER IN	U.S. ARMED		16b. SOCIAL SECURITY I		INFORMANT		2504	Addr	ess			
T	es, no pr unknawn)	(it yes give war or	agres of service)	214-05-60	191 M	rs. Ha:	zel M.	Keech	919 Kent	Ave.	Cum	b. M	d.
	18. CAUSE OF DEATH	(Enter anly a	ne cause per lir	ne for (a), (b), and (c).	.)						APPROX BETWEEN	ONSET AND	OEATH
	PART I. DEATH W.	AS CAUSED BY	Y: CAUSE (o)	Co	ronar	y occ	lusio	n		152	1 d	ay	14
	4109			S A CONSEQUENCE OF	1								
	Conditions, if ony, which gove)										9 y	ear	S
	rise to immediate cause (a), stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF											1.70	
	lost. (c)												
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											794	
N	5/20/												
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH?								INGS CONSID	ERED IN (ERTIFYIN	G	
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite										18.)		
MEDICAL	OR CONTRIBUTING CA			Month Day Yeor	1								
	21d. INJURY OCCURRED	21e. PL/	CE OF INJURY			OCATION Str	eet or R.F.D. No	o. (ity ar Town	Co	unty		Stote
	While Not while at work]		OFFICE BUILDING, ETC.									
П	22a. I certify that (I) (this haspital) attended the deceosed from 12 6, 19 60 ta 4 = 1619 68, that (I) (we) los saw the deceased olive on 1960, and that in (my) (our) opinion death occurred on the date and hour and from the												
	saw the deceased olive on 4 - 8 1968, and that in (my) (our) opinion death occurred on the date and hour and fram the												
	22b. SIGNATURE	couses stoted obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED											
	ZZD. SIGNATURE	Est 1	6. /3	Olan .	DEG	ATTEND	ING X	MED. DIRECTOR	STAFF PHYS.		-17-	68	
	22d. PHYSICIAN'S	0	/ -			REE PHYS. 22e. Al		DIRECTOR L	PHIS.	1.5	- als (/ -	00	
15	NAME (Type)	Ralph	W. Bal	ein, M. D.			62	Greene	St. Cum	berla	rd. 1	1d. 2	150
23o	BURIAL, CREMATION,	23b. DAT	E	23c. NAME OF	CEMETERY OF	CREMATORY							
	REMOVAL (Specify)	1	168	St. Ma	ry's 1	Burial	Park	Cumb	TION (City or Town erland,	Alle	gany	Md.	
24.	FUNERAL DIRECTOR			MUDICION			2Sa. REC'D	BY REGISTRAR	25b. REGIS	IKAK 2 SIGH	MIUKE		
	H. Wayn	e Geor	ige Cw	mberland,	Md.		DATE	APR 9	2 1968	golie	reles	Jose	ye

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Is shauld be filled with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours
Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

04990 04991 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR. (Type or print) 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR lost birthdoy) MONTHS HOURS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED IARYLAND) LIVITED WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddsess) during most of working life, even if retired.) **INDUSTRY** amberland 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CUPY LIMITS? admission) STATE 13b. COUNTY 14. FATHER'S NAME First Middle MOTHER'S MAIDEN NAME IALONE 17. INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) AUSCHER. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

HEPARO - RE HEPATO - RENAL FAILURE Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF HEPATIC METASTASIS rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse OF COLON AND OVARY 10 CARCINOMA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) OSSEOUS METHSTASIS 199.2 PULMONARY AND 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 1ARCH1967 HBDOMINA

YES 🖂 ARCINOMATOSIS

CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.

Month Doy Yeor

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

(If either, natify medical examiner) P.M.

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

City or Town

State

While Not while at work

220. I certify that (I) (this hospital) attended the deceased from 001, 1967, to APRIL 17, 1968, that (I) (we) lost sow the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth.

Apr.20.1968

ATTENDING PHY5.

MED. DIRECTOR

\$S. Peter & Paul Cemetery Cumberland Allegany

19 67 to

22c. DATE SIGNED

County

22d. PHY5ICIAN'S NAME (Type) 23o. BURIAL, CREMATION,

22b. SIGNATURE

Dr. Richard E. Schindler ME 23c. NAME OF CEMETERY OR CREMATORY Greene ST 23d. LOCATION (City or Town)

FREMOVAL (Specify) 24. FUNERAL DIRECTOR James F.

Scarpelli, Cumberland, Md.

25g. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

O FUNERAL DIRECTOR: After this certificate director, page 3 should be filed v VR A15 (4) 30M REV. 1/68

requires that the death certificate be executed within 24 hours after death

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cremotion, or removal, and

signed by the oftending burial-transit permit. Th burial, cremotion, or remo

be detached for use os the State Dept. of Heolth prior to

by the hospitol or ottending physicion.

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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. unera 1 amo **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the fugeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after deal Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	04991	DIAISION C	OF VITAL RECORDS		ATE OF		NUKE, MAI	CTLAND 21201	049	92
	ECEASED-NAME Fit Type or print) JAMI	rst ES NM I	Middle KENNEDY	Visit	Last		20. DATE OF	DEATH Month 26 Do	Y 68 ^{Yeor}	2b. HOUR 3:55 PM
3. SI	MALE	4. RACE WH I	TE		S. DATE OF BIR	TH -14-03		6. AGE (In years lost birthdoy) 5 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
10.	8IRTHPLACE (State or foreign norty) MARYLAND CITY OR TOWN OF DEATH CUMBERLAND	US	NAME OF HOSPITAL OR IN	8. MARRIED WIDOWED [ISTITUTION (If no	DIVOR	CED 12a. USUAL		DEATH ALLEGANY (Kind of work done life even if retired.)	12b. KIND OF I	Md. BUSINESS OR
	USUAL RESIDENCE (Where decission) STATE MD.	eased lived, if insti 13b. COUNTY	tutian: Residence before ALLEGANY	13c. CITY OR	RLAND	3d. INSIDE CITY LIMI YES NO [- 1	REET AND NUMBER 3 N. CENT		
16a	FATHER'S NAME First . WAS DECEASED EVER IN U.S. A (es, no, or unknown) (If yes gir		16b. SOCIAL SECURITY	NO. 17. II	MOTHER'S MAINFORMANT		CLARA	Middle CREEK KEN 900Addes T AL CUMBERL	ON DRIVE	
2	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME Conditions, if ony, which gov rise to immediate cause (a stoting the underlying cous last. PART 2. OTHER SIGNIFICANT (DIATE CAUSE (o) DUE TO, O (b) DUE TO, O (c) CE	R AS A CONSEQUENCE OF	Jen	THE TERMINAL	DISEASE ORCO	2 and	hinlun		UATE INTERVAL SIST AND DEATH
CERTIFICATION	19a. DATE OF OPERATION 19	96. CONDITION FOR V	PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?					CONSIDERED IN CE	RTIFYING	
MEDICAL CER	While Nat while at wark 22a, I certify that (1) (this haspital adversely (ii) (we) (die	Y (AT HOME, FARM, STREET, FARM, OFFICE BUILDING, ETC.	ed from 19 of functions body after o	CATION Street I that in my leath.	or R.F.D. No.	City , tage ion death of	occurred on the do	Caunty, that ofte and haur of the and haur of the signed o	State (I) (we) lost and from the
230.	DEMOVAL (Consider)	b. DATE pr.29,10		CEMETERY OR ristia		ch Ce	23d. LOCATIO	N (City or Town) Valley,	(County)	(State)
24.	FLINERAL DIRECTOR		ADDRESS		1	2Sa. REC'D BY	REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE CONTACTOR	udee

VR A15 (4) 30M REV, 1/68

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VR A15ME (5) 10M REV. 1/68

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Health

death resulted fram:

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

23g BURIAL CREMATION

BURTAL 24. FUNERAL DIRECTOR

REMOVAL (Specify)

ADDRESS(Street, city, town, or count CUMBERLAND MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 21,1968 ROSE HILL CEMETERY

Accident Suicide

Natural causes Xt.

23d. LOCATION (City or Town) (County) CUMBERLAND

Undetermined manner

MARYLAN 2Sb. REGISTRAR'S SIGNATURE

22b. DATE SIGNED

CUMBERLAND, MD. BYRON KIGHT

25a. REC'D BY REGISTRAR

Hamicide

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

4/18/68

04993

Yeor

12b. KIND OF BUSINESS OR

RAILROAD

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

sudden

20. AUTOPSY?

and in my apinian

(State)

County

NO S

2b. HOUR

2d. HOUR

168 10AM

19 68 10Am

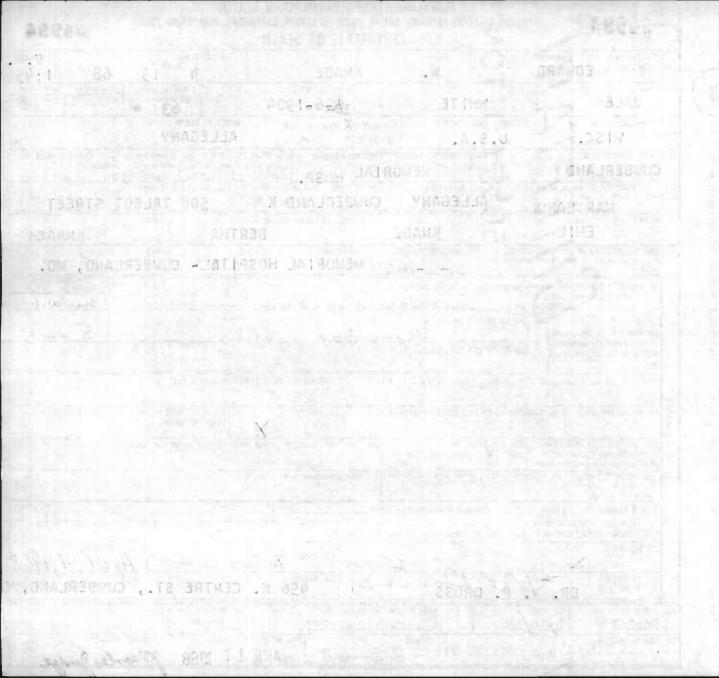
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04994 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH law requires that the death certificate be executed within 24 haurs after death (Type or print) **EDWARD** W. KNABE 3. SEX 4. RACE S. PATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR MALE lost birthdoy) WHITE 10-6-1904 please remave carban papers. P 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH WISC. ALLEGANY U.S.A. WIDOWED [DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) IN Retired Postal Employee give street oddress) **INDUSTRY** CUMBERLAND 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY ALLEGANY CUMBERLAND X NO 508 TALBOT STREET 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First First Lost Middle KNABE BERTHA KNAACK 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes no, or unknown) MEMORIAL HOSPITAL - CUMBERLAND, MD. 456-54-2607 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) GETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as been as the briar tab 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? has CAUSES OF DEATH? NO Y YES 🗀 After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while to work 22a. I certify that (1) (this haspital) attended the deceased fram_ , and that in (my) (aur) apinian death accurred on the date and haur and fram the saw the deceased alive an___ O FUNERAL DIRECTOR: causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE director, page shauld be filed DIRECTOR Page 4 may 1 22d. PHYSICIAN'S 22e. ADDRESS CENTRE ST., CUMBERLAND, MD NAME (Type) 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) WILDWOOD CEMETERY SHEBOYGAN SHEBOYGAN WISCONSTI 24, FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURI VR A15 (4) 30M REV, 1/68 H. LEE SILCOX LOL DECATUR STREET 1968

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04995 DECEASED-NAME First Middle Lost 2g. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death (Type or print) MARGUERITE KOLB MINNIE 968 4 RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years last birthday) FEBRUARY 2 .1891 FEMALE WHITE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WASHINGTON, D.C. U.S.A. ALLEGANY WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast af warking life, even if retired.) give street address) **INDUSTRY** CUMBERLAND. MD. Housewife MEMORIAL HOSPITAL Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY ALLEGANY CUMBER LANDYES X 906 BEDFORD STREET or remayal, and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Last LIPPOLD LOTTIE GEORGE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) MEMORIAL HOSPITAL, CUMBERLAND, MARYLAND 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (+).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Congestive DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE O stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REVATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? NO [YES [Page 4 may be retained by the hospital ar this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram.... ____, 19____, ta_ , 19____, that (I) (we) lost , and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceosed alive on.... causes stoted abave, (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 1909 FREDERICK ST., CUMBERLAND, MD shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) 4-29-68 Cumberland Allegany Hillcrest Burial Park FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

DATE

H. Lee Silcox 404 Decatur St. Cumb., Md.

Charles

VR A15 [4] 30M REV. 1/68

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeful director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in ony event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after Page 4 may be retained by the hospital ar ottending physician.

death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02000		CERTIFICAT	E OF DEATH			045	36
1. DECEASED-NAME First (Type or print) Jame	es	Lay	lost man	whiti	lonth 4 Doy	196 8 °°	2b. HOUR
3. SEX Male	4. RACE White		Aug. 6, 1		E (In years birthdoy) 68 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7o. BIRTHPLACE (Stote or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	WIDOWED [NEVER MARRIED 🛣 DIVORCED 🔲	1	llegany		Md
10. CITY OR TOWN OF DEATH Cumberland	give street oddress)	OR INSTITUTION (If not in Sylvan Retr	ceat during	UAL OCCUPATION (Kind most of working life, e		12b. KIND OF INDUSTRY	BUSINESS OR
13o. USUAL RESIDENCE (Where deceo odmission) STATE Marylar		ny Frostbu	rg YEV	NO□ 376 V	ND NUMBER Velsh Hi	.11	
14. FATHER'S NAME First			OTHER'S MAIDEN NAME		Middle		Lost
Daniel 160. WAS DECEASED EVER IN U.S. AR		ayman III. INFOR	DMANT	Mary	Address	McA	lpine
Yes, no, oxtooknown) (If yes give	wor or dates of service) none			, Frostburg		21532	
PART I DEATH WAS CAUSE	nly one couse per line for (o), (b), on RY.	ond (c).)	4/.	1			MATE INTERVAL NSET AND DEATH
IMMEDI	ATE CAUSE (o)	12 Elloud	ry (ME	Wales	a	18ws	Munde
Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUEN	Exio Deler	easis.		ske	12 cy 203	eta.
rise to immediate couse (a), stating the underlying couse			. 1	2	M	way 42	ears
last. 420		3.C.V.100	with Ny	Ertrusia	4	1	
PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH	0/ /2 /	TERMINAL DISEASE O	R CONDITION GIVEN IN P	ART 1(o)		
PO DATE DE OPERATION 196	CONDITION FOR WHICH OPERATION	WY DHOATI	200. AUTOPSY?	20b IF YES V	VERE FINDINGS C	ONSIDERED IN CE	FRTIFYING
190. DATE OF OPERATION 196.	COMPANIENT OF EXAME	THE TEN ON THE	YES NO [CALISES OF DI			
210. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	TH HOUR A.M. Month Doy		NJURY OCCURRED (En	ter noture of injury in P	ort 1 or Port 2,	Item 18.)	
While Not while of work	. PLACE OF INJURY (AT HOME, FARM, ST OFFICE BUILDING, I					County	Stote
22a. I certify that (1) (the saw the deceased of	nis haspital) attended the de alive on	eceased from AT 19, and the w the body after deor	oril 15 , 19 ot in (my) (our) o th.	67, to Apri pinian death accur	1 4 , 19 ed an the da	68 , that ite and haur	(I) (we) los and fram the
22b. SIGNATURE	Topper In	DEGREE	ATTENDING PHYS.	MED. STAI	F	DATE SIGNED 1-5-6	8
22d. SHYSICIAN'S NAME (Type) John	A TOPPER	418	22e. ADDRESS Memori	al Hospital	. Cumbe	rland.	Md.
		ME OF CEMETERY OR CRE		23d. LOCATION (Cit	y or Town)	(County)	(Stote)
		Memorial			irg. Md.		
24. FUNERAL DIRECTOR Joseph R. Durs	t, Frostburg, Mo		DATE A P		Sb. REGISTRAR'S	eles Jaco	ege
	,		DAILAP	7 - 1000	P.		

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or remavol, and in any event, within 72 hours

30M REV. 1 68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 had Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

04997

				CEICIII	CHIL OI DEMI	• •					
1. DECEASED (Type or		First JANE	Middle N •		LAYMAN	20. DA	TE OF DEATH	Day	⁷ 6°8		HOUR
	MALE		HITE		s. DATE OF BIRTH 9-2-92		6. AGE (In year last_biathday)		THS DAYS	IF UNDER HOURS	24 HRS
country	IRGINIA		OF WHAT COUNTRY?	WIDOWE		AL	LEGANY				N
'CUME	BERLAND		11. NAME OF HOSPITAL OR give steet address AL	HOSP	ITAL	9HOUSEW	ATION (Kind of work a king life, even if reti	red.) II	2b. KIND OF NDUSTRY OWT	BUSINESS HOM	OR IE
admission)	STATE	LAND 13b. COL	institution: Residence before JNTY ALLEGANY		BERLANDYES D		397 MC N	MULLE	N H	I GHW	ΑΥ
14. FATHER	WI	LLIAM	ddle Lost NAISM	ATH	1S. MOTHER'S MAIDEN NAM	ME First ELLEN			WAI	LKER	t
Yes, no	osunknown)	U.S. ARMED FORCES? If yes give war or dates of ser			INFORMANT MEMORIAL H	HOSPIT	AL CUN	OSS MBERL		, MD	
rise to statin last.	o immediate cau o immediate cau og the underlying	se (a), couse DUE TO	D) OR AS A CONSEQUENCE (D) OR AS A CONSEQUENCE (C)	OF	TO THE TERMINAL DISEASE	ORCONDITION	GIVEN IN PART 1(0)				
19a. D	ATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION WAS	PERFORMED	20o. AUTOPSY? YES NO		Ob. IF YES, WERE FIND AUSES OF DEATH?	INGS CONSID	DERED IN C	ERTIFYING	}
WEDICAL (It eit)	ACCIDENT WAS UN CONTRIBUTING CAN ther, natify medica INJURY OCCURRED	ISE OF DEATH HOUF IT examiner) 21e. PLACE OF IN	TIME OF INJURY R.A.M. Month Doy Ye P.M. JURY (AT HOME, FARM, STREET,	19	HOW INJURY OCCURRED (f injury in Part 1 or Part	W)	18.)	S	tate
While at war 22a.	Nat while at work I certify that saw the dece	(I) (this haspita ased alive an		ased fram 19 68, a ne bady afte	nd that in (my) (our)	- , "			that and haur		
,	PHYSICIAN'S NAME (Type) DR		WILLIAMS			ERLAND			Li.	4-10	
REMO	AL, CREMATION, VAL (Specify) AL DIRECTOR	APRIL 10			EMORIAL PARI	K I	TROSTBURG 2Sb. REGIS	ALLEG TRAR'S SIGN	IATURE	(State))
BY	RON KIG	HT	CUMBERI	AND, M	D. DAAP	R PREGISTR	1968 200	isula		Laz.	

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		10221141	LIENORIAL	DUBERLAND
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages should be filed with the State Dept. at Health priar ta burial, crematian, or removal, and in any event, within 72 hours at

VR A15 30M REV.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	11 20	9 4		C	ERTI	FICATE OF	DEATH			0.4	938
	ECEASED-NAME Type or print)	JOHN First		Middle J .		LEWIS		DATE OF DEATH OManth	80°0	Year8	2b. HOUR BH IOPM
3. S	EX	MALE	4. RACE	HITE		S. DATE OF BE	RTH Jan.21 8XXXX1-21	,190% AGE (In ye	y YRS.	UNOER 1 YEAR NTHS OAYS	IF UNOER 24 HRS. HOURS MIN
7a.	BIRTHPLACE (St intry) MAR	YLAND	7b. CITIZEN OF W	/HAT COUNTRY?		IED NEVER MAR	RCED 9. CO	UNTY OF DEATH ALLEGANY	COUNTY	4	Md
10.	CITY OR TOWN	OF DEATH BERLAND	11. M give	NAME OF HOSPITAL OR INST street address) SACR		(If nat in hospital EART HOS	120. USUAL OCC	UPATION (Kind of work working life, even if re	done tired.)	12b. KIND OF INDUSTRY TAVE	BUSINESS OR RN
13o. adn	USUAL RESIDER	NCE (Where deceose MARYLAND	d lived, if institu 13b. COUNTY	ALLEGANY		OR TOWN	YES NO NO	13e. STREET AND NUM 205 BALT IN		AVENUE	
	FATHER'S NAME	JOSHUA	Middle	LEW IS		WOLF	AIDEN NAME First CATH	IERINE	ddle	LEW	
160	Yes, NOOr unkn	D EVER IN U.S. ARMI	ED FORCES? r or dates of service)	16b. SOCIAL SECURITY N 2 17 - 10 - 578		17. INFORMANT HOSPITA	L RECORD,	900 SETON	DR.,		
		DEATH WAS CALISED	BY: TE CAUSE (a)	ine far (a), (b), and (c).) PERITONITIS							MATE INTERVAL INSET AND GEATH
	rise to imme	anγ, which gove)	(b) P	AS A CONSEQUENCE OF AS A CONSEQUENCE OF	ISCI	JS				3 DAY	YS
	PART 2. OTHI	er Significant CONI	(c)	UTING TO DEATH BUT NO	T RELATE	D TO THE TERMINA	L DISEASE OR CONDIT	ION GIVEN IN PART 1(a)			
CERTIFICATION	HYPERT 19a. DATE OF (TENSIVE A	ND CORO	NARY HEART HICH OPERATION WAS PER	DISE	EASE CNS	LUES. PU	20b. IF YES, WERE FINI CAUSES OF DEATH?			TO
MEDICAL CER	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DEATH ify medical examine	HOUR A.M.	Manth Day Year		c. HOW INJURY OCC	CURRED (Enter natur	re af injury in Part 1 or	Part 2, Item	18.)	
ME	21d. INJURY While No	OCCURRED 21e. I	PLACE OF INJURY	(AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21			City or Town		ounty	State
	22a. I cert	ify that (I) (this	s hospital) et ve on (I) (we)(did)	tended the deceose	d from	ond thot in (m ter deoth.) , 19 <u>67</u> y) (our) opinion	to 4 = 8 death occurred on	, 19 <u>_6</u> the dote	8 , that and hour	(I) (we) last ond from the
	22b. SIGNATUI	Eagle 4	6. Br	un heit	, ,	DEGREE PHYS.	DIRECTO	OR STAFF	22c. DATI	9-68	
,	22d. PHYSICIA NAME (T	ype) R. W.	BALLIN,				GREENE S	TREET, CUM		2150	12
	REMOVAL (Sp.	ailyal Api	ATE r.ll,19	68 Hiller			Park C	. LOCATION (City or Tow Cumberland	Alle		(State) Md •
24.	FUNERAL DIREC	CTOR		ADDRESS		3/1.3	2Sa. REC'D BY REG	ISTRAR 2Sb. REGI	STRAR'S SIG	NATURE	1

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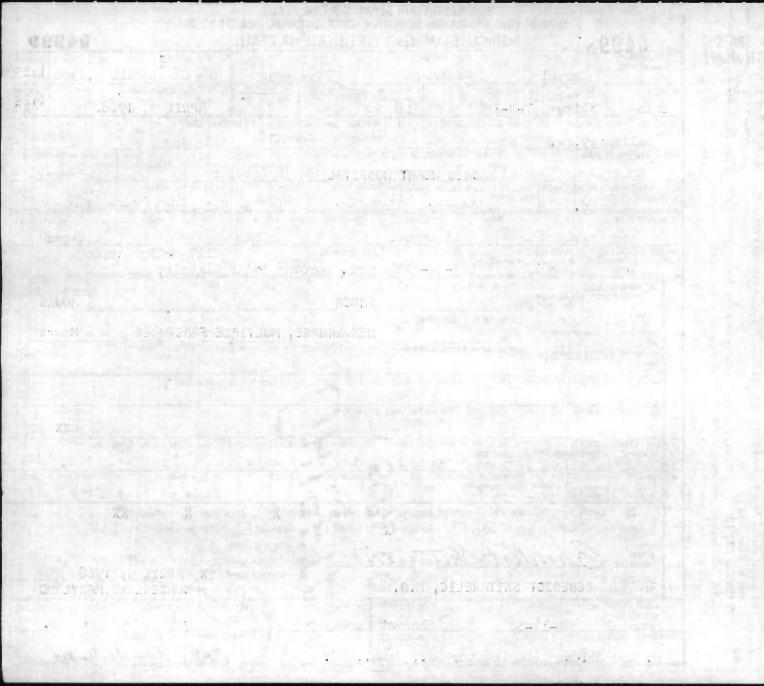
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6. Brish Treet, 60(2., W. - 1502

VR A15ME (5) 10M REV 1/68

H. Lee Silcox 404 Decatur St., Cumb., Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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1.	H 2	63	10.70	
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11 22 0 0 4		CENTITICATE	OI DEATH		00000
. PLACE OF DEATH				ere deceased lived, if institution	
a. COUNTY A	LLEGANY	MARYLAND	a. STATE MARY	LAND b. COUNT	ALLEGANY
b. CITY OR TOWN	If autside carparate limits, d give neorest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsi	de corparate limits, write RURA	(L and give nearest tawn)
CUMBE	RLAND	3MOS 2 DAYS	CUMBERLA	ND	
	TAL OR INSTITUTION (If not in t		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
MEMORI	AL HOSPITAL	, CUMBERLAND, M	D. 537 N.	CENTRE STR	EET YES NO
NAME OF DECEASED	First	Middle		4. DATE Manth	
(Type ar print)	JOSEPH		MARTIN	DEATH APR	
SEX		The same of the sa	3. DATE OF BIRTH		Manths Days Haurs Min
ALE	AAIIIIF	IDOWED SEP DIVORCED	2-13-1912	56 yrs.	
a. USUAL OCCUPATIO uring most of working	N (Give kind of work dane life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S	itote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
uring most of working CARPEN	TER		CUMBERLA		USA
. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
	OMINIC A. M			LMSTETER	
WAS DECEASED EV Yes, na, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor ar dates af serv	rico)	NFORMANT	Address	
		ME	MORIAL HOS	PITAL, CUMB	ERLAND, MD.
	EATH (Enter only one couse pe TH WAS CAUSED BY:	er line for (o), (b), and (c).)	1		INTERVAL BETWEEN ONSET AND DEATH
PAKI I. DEA	IMMEDIATE CAUSE (a)	arrhy !	1, me	4	To the
3 11	8 DUE 10	Martin Tarmel	1h	7 1,-	16
Conditions, if ony	te cause (a)	00	The state of	1	1 march
stoting the unde	erlying couse DUE TO	e Holmon (M	u/wow		
last.) (c) _				TIO MAS AUTORS
PART II. OTHER S	GNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WA					YES NO
20o. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Pa	rt I ar Part II of item 18.)	
	MEDICAL EXAMINER)				
20c. TIME OF INJ Haur o.	URY Month, Day, Year m.		E OF INJURY (Home, form, ary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
р.	m. 19	at wark U at work U		es also	16
) attended the deceased fram	m, 19	5.40 My	, 196, that (I) (we) I
	eceased alive on	196 and that	deat occurred at_	m, from couses a	nd on the dote stated aba
220. SIGNATURE	. 10 . 11	10)		ED. STAFF	22b. DATE SIGNED 191
22c. PHYSICIAN'S	my	M.C	22d. ADDRESS	IRECTOR L PHYS. L	1 41 10
NAME (Type	1 00	M. SCHINDLER		E ST., CUMB	ERLAND, MD.
23a. BURIAL, CREMATI				23d_LOCATION (City or Town	
REMOVAL (Specif		N 1111	Paul Cem	(unherla	& Sma
24. FUNERAL DIRECTO		ADDRESS		BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
// .	/ mf	0 / 1	.()		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funed director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages the filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after beast. Poge 4 may be retained by the hospital or attending physician.

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THE STATE OF SCHINGLISH CAS THE ST., CURRENTAL, MC.

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HIJRAG, A.STRIVER

HENDRICH HESPINAL, OURSEFLAND, NOT HESE M. CERTIRE STREET

PM3 Page necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the formal of the formal of

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Health prior to buriol, cremotion, or removal, and in any event within 72 hours after death. 5 may be retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05000

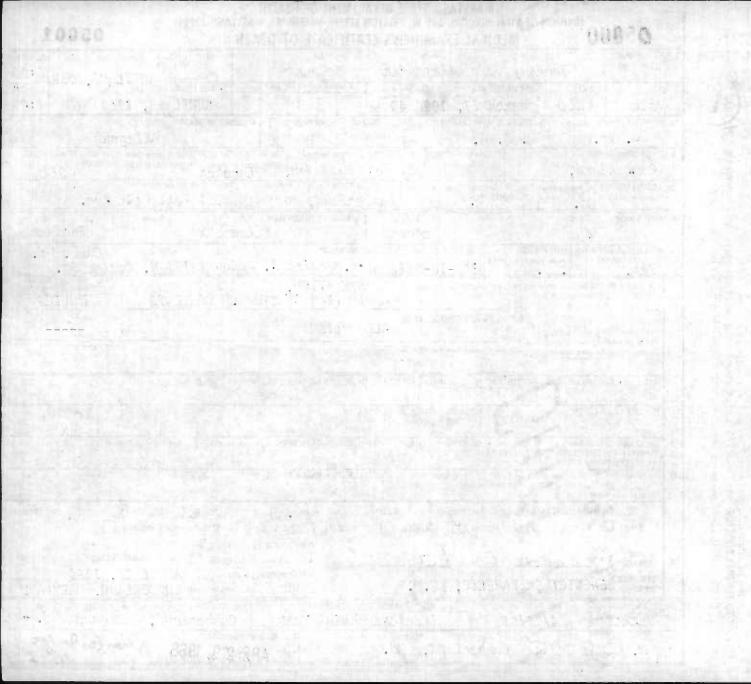
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05001

1. DECEASED-NAME	First		Middle	Lost		20. DATE KNOWN Month	Doy Yeor 2b. HOUR
(Type or Print)		es	Alexander	McCour	+	1 01 [21]- ,	1.00
3. SEX	14. RACE	5. DATE OF BIRTH	6. AGE (In years		IF UNDER 24 HRS.	DEATH MATED LARTI	23 Pd% 8 6: U(M
Male	White		7, 1920 48 yr	MONTHS DAYS	HOURS MIN.	MORRIL 2300y L90	
7a. BIRTHPLACE (SI		b. CITIZEN OF WHAT C		MARRIED NEVER MARR	IED 9 CO	UNTY OF DEATH	79 19 10 0 QM
	Va.	U. S. A.		DOWED DIVORC		Allego	iny Md
10. CITY OR TOWN			OF HOSPITAL OR INSTITUTION				12b. KIND OF BUSINESS OR
	rland,	give street	oddress) 321 Fo	rt Hill Av	during most of	of working life, even if retired.)	INDUSTRY Silk
odmission) STA	ATE Md.	13b. COUNTY AL	Residence before 13c. Cl Legany Cwi	nberland, Y	NSIDE CITY LIMITS?	13e. STREET AND NUMBER 321 Fort Hill	Ave.
14. FATHER'S NAME	E First	Middle	Lost	15. MOTHER'S MAIDE			Lost
	Adam		McCourt		Eliza	abeth	Feaster
Yes, no, or unkr	DEVER IN U.S. ARMED F	1		17. INFORMANT Mr. Danie	e J. Mc	ADDRESS Cowrt 182 N. Cer	Cwnb. Md.
18. CAUSE PART I	the second secon		or (o), (b), and (c).) AS				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ALL ES
	if ony, which gove)	DUE TO, OR AS (b)	A CONSEQUENCE OF AL	.COHOLISM			00 00 00 00 00
stoting the	underlying couse	DUE TO, OR AS	A CONSEQUENCE OF				
321	ER SIGNIFICANT CONDI	TIONS CONTRIBUTING	TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISE	ASE OR CONDITIO	ON GIVEN IN PART I(o)	
190. DATE OF	F OPERATION	19b	. CONDITION FOR WHICH O WAS PERFORMED?	PERATION			20. AUTOPSY? YES NO
	AL CAUSE WAS OR CONTRIBUTING [FATH		RY Month, Doy, Yeor	21c. HOW INJURY OCCU	RRED (Enter note	ure of injury in Port 1 or Port 2, Ite	
21d. INJURY WHILE AT WORK	OCCURRED 21e. F	PLACE OF INJURY (At he tory, office building, et	ome, form, street,	21f. LOCATION Street or	R.F.D. No.	City or Town	County Stote
						spectian+XX, Inquiry XX, Undetermined monner	
ACTUAL SIGNATURE	Bene	dicta	Skitare	0 /)	MEDICAL EXAMIN		IGNED
EXAMINER' NAME (Typ	BENEDICT	SKITARELI	C, M.D.	DEPUT ADDRE	Y MEDICAL EXAM SS(Street, city, to	OWN, Or COUNTY) CLIMBERLAN	1968 ND. MARYLAND
230. BURIAL, CREA	' £ 3	DATE 26/68	23c. NAME OF CEMETER Hillcrest	RY OR CREMATORY E Burial Pa	23d	LOCATION (City or Town) Cumberland, Alle	(County) (Stote)
24. FUNERAL DIRE	ECTOR		ADDRESS	2	So. REC'D BY RE	GISTRAR 256. REGISTRAR'S S	IGNATURE Judge
H. U	Jaune Geor	ae Cumbe	rland. Md.		ATC ADD	2 9 1968 Jacks	TON TON

VR A15ME [5] 10M REV. 1/68

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		4 44			CEKITI	CAIE OF L	EAIR			UUUUU	6
	CEASED-NAME	First		Middle		Lost		20. DATE OF DEATH			2b. HOUR
(1	ype or print)	GIBS	ON	Alexande	r	MEEK		APRIL	oth Doy 21	1968	1:25
3. SE	X		4. RACE		0.00	S. DATE OF BIRT	TH .	6. AGE	(In years		IF UNDER 24 HRS.
	MALE		WH:	ITE		JANUA	RY 1	5,1892 last b	irthday) YRS.	MONTHS DAYS	HOURS MIN.
70. E	SIRTHPLACE (Stote or		7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARRI	ED	9. COUNTY OF DEATH			
(OUII	MARYLA	ND	U.S.		WIDOWED	DIVORCE		ALLEGAN	1Y		Mo
	ITY OR TOWN OF DECUMBERLA		give	AME OF HOSPITAL OR INS street oddress) MEMORTAL	HOSP			L OCCUPATION (Kind of ost of working life, eve ONEMAN		12b. KIND OF E INDUSTRY Laund	
	USUAL RESIDENCE (W	here deceose	d lived, if institut	tion: Residence before	13c. CITY O	R TOWN 13	d. INSIDE CITY LIF				DOAD
Odilli	M M	ARYLA	ND COUNTY	ALLEGAN	CU	MBERLAI	(H) NO	□ %% 55	50 WIN	IFRED	ROAD
14. F	ATHER'S NAME	First EXANDE	Middle	Lost MEEK		S. MOTHER'S MAII		irst Lnown	Middle	Unh	Lost
160	WAS DECEASED EVER			16b. SOCIAL SECURITY	NO 117	INFORMANT	urus	novn	Address	urer	nown
	es, no, or unknown)		r or dates of service)	214-05-61			TAT H	OSPITAL,		RLAND.	MD.
	18 CAUSE OF DEA	TH (Enter only	v one couse per li	ine for (a), (b), ond (c).		PILIPOR.	LAD II	001111101	00.22	APPROXIM	LATE INTERVAL
	PART I. DEATH	WAS CAUSED	BY:	(c).		/	,_			BETWEEN ON	ISET AND OEATH
	4270	IMMEDIA	TE CAUSE (o)	AS A CONSEQUENCE OF	7	They	ans	Cont.	a kel		
	Conditions, if ony,	which gove)	/		Vai	w On		1-1-	Vie 1	2	
	rise to immediate		(b) DUE TO, OR	AS A CONSEQUENCE OF		110		Jan.	151		
	stoting the underl	ying couse)	(c)								
	PART 2. OTHER SIG	NIFICANT CON	DITHONS CONTRIBL	JTING TO DEATH BUT N	OT RELATED 1	O THE TERMINAL	DISEASE ORC	ONDITION GIVEN IN PAR	T 1(o)		1
z	734/	The	ala	sea to	nes	Var -	OSK	nken	3	yale	muil.
CERTIFICATION	190 DATE OF OPERAT	TION 19b. C	ONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20o. AUTOPS	SY?			MSIDERED IN CE	RTIFYING
ZTEIC	D. 7810x	48	ach	slase	a	YES	NO 🖺	CAUSES OF DEA	IH?		
	210. ACCIDENT WA		2.0		21c. h	IOW INJURY OCCU	RRED (Enter	noture of injury in Port	1 or Port 2, 11	'em 1B.)	
MEDICAL	OR CONTRIBUTING [Month Doy Yeor	9		100		-1155		
ME	21d. INJURY OCCUR	RED 21e.	PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	CTORY.) 21f. L	OCATION Street	or R.F.D. No.	City or Town	100	County	Stote
	While Not while of work						,				
	22o. I certify t	hot (I) (thi	s hospitol) ott	ended the deceose	ed from	1 Sel	196	> 1, to 2/6	19	68, that	(I) (we) los
	sow the d	eceosed of	(I) (we) (did)	(did not) view the	body ofter	deoth.	Hour) obi	nion deoth occurre	d on the dot	e ond hour o	and from the
	22b. SIGNATURE		12		Con		2	£	22c. D	ATE SIGNED	
	1		elle	Medel	PER	ATTENDING PHYS.		IRECTOR STAFF PHYS.	0/2/1	The	68
	22d. PHYSICIAN'S					22e. ADDR		animon o	D CITE	PEDY AN	ID MD
	NAME (Type)			ENBERGER		122	SU.	CENTER S		BEKLAN	ישו, שו
230.	BURIAL, CREMATION			23c. NAME OF			4	23d. LOCATION (City		(County)	(Stote)
	REMOVAL (Specify)	4/	24/68			Paul Cem	-				Md.
24.	FUNERAL DIRECTOR	1 Was	nn Georg	e Cumber		Md 2	So. REC'D B	PRESISTAR 196	BREGISTRAR'S	SENATURE (mages
		· way	ar acount	e cumoen	nurlu,	LACE .	DATE		0	0	W

DATE

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.

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			Charles Land	Ti H	
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	a man in the				

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05002 CERTIFICATE OF DEATH

05003

1. DE	ECEASED-NAME	First	Middle		Lost		20. DATE OF	DEATH		2b. HOUR
(1	ype or print)	UNGER		MEI.	LOTT		APRI	Month 21 Doy	Yeor 196	
3. SE	X	4. RACE		1 11.7 1.3	S. DATE OF B	IRTH	MILL	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	MALE		WHITE		AUG.	20,18	78	last birthday) 89 YRS.	MONTHS DAYS	HOURS MIN.
7a. E	BIRTHPLACE (Stote or f	oreign 7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MAR	-	COUNTY OF	DEATH		
cour	"NEEDMORI	PENNA.	US.A.	WIDOWED		RCED 🗍	ALLE	GANY		Md.
10. C	ITY OR TOWN OF DEAT	Н	II. NAME OF HOSPITAL OK INS	TITUTION (If n	ot in hospitol		OCCUPATION	(Kind of work done	12b. KIND OF	BUSINESS OR
	CUMBERLAI	ND, MD.	give street oddress) MEMORTAL	OSPI	AI.	Cont	racto	life, even if retired.)	INDUSTRY	Buildn
	USUAL RESIDENCE (Whission) STATE	ere deceased lived, if in 13b. COU		13c. CITY OR	TOWN	13d. INSIDE CITY LIM		REET AND NUMBER		
Oddill		LAND 130. COO	ALLEGANY	LAV	ALE	YES NO	X 5	6 LAVALE	BLVD.	
14. F		irst Mid	ldle Lost	15	. MOTHER'S M.	AIDEN NAME Fir	st	Middle		Lost
		JOSHUA	MELLO		$A_{i,j} = I_{i,j}$	M	ARY	1742	LA	KE
	was deceased ever (es, no, or unknown)	N U.S. ARMED FORCES? (If yes give war or dates af serv	16b. SOCIAL SECURITY N		NFORMANT			Address		
	No				EMORIA	AL HOS	PITAL	, CUMBERI		MD .
	18. CAUSE OF DEATH V	(Enter only one couse	per line for (o), (b), ond (c).	0	4 0			0		INSET AND DEATH
	PAKI I. DEAIR V	IMMEDIATE CAUSE (o)	John	al	Cord	eal	year	line	3	acrys
	4/29		, OR AS A CONSEQUENCE OF) 1		0	V		2	110
	Conditions, if ony, w	ouse (o).	A 5. 7	ent	ais	eose			3	jours
	stoting the underlyi		OR AS A CONSEQUENCE OF	tone	.111	-			7, 0	
	last.	SICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T DELATED TO	THE TERMINA	L DISTACE ORGO	MIDITION CIVE	LIN DADT 1/a)		
	LA	FICANT CONDITIONS CON	IKIBUTING TO DEATH BUT NO	I KELATED II) ITE TEKMINA	L DISTASE OKCO	MDITION GIVE	IN PAKT I(U)		
TION	190. DATE OF OPERATION	ON 19b. CONDITION FO	OR WHICH OPERATION WAS PE	FORMED	20o. AUTO	PSY?	20b. IF	YES, WERE FINDINGS C	ONSIDERED IN C	ERTIFYING
CERTIFICATION					YES [_	CALICEC	OF DEATH?		
CERT	210. ACCIDENT WAS		ME OF INJURY	21c. H				y in Port 1 or Port 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING [(AUSE OF DEATH HOUR	A.M. Month Doy Year P.M. 19							
MEC	21d. INJURY OCCURR	ED 21e. PLACE OF INJ	URY (AT HOME, FARM, STREET, FAC		CATION Street	et or R.F.D. No.	City	or Town	County	Stote
-	While Not while									
	22a. I certify the	at (I) (this haspital)	attended the decease	d from	19 as	M., 196	8_, ta_2	1 ager. , 19.	68 , that	(I) (we) last
	saw the de	ensed alive an	(did) (did not) view the	9 can	d that in (m	y) (out) apin	ian death a	ccurred an the do	te and haur	and fram the
	22b. SIGNATURE	ed abave, (1) Poset	(ala) (ala neri view ille	day affet	deam.			220	DATE SIGNED	
	Mr. A.	Van Oum	s. M.D	DEGR	ATTENDI		ED.	STAFF PHYS.	21 am	. 108
	22d. PHYSICIAN'S		, , , ,		22e. ADI		(LETOK	11173.	-	40
	NAME (Type)	DR. W. A	. VAN ORMER	2	122	BO.	CENTRI	STREET	CUMBE	RLANDM
23o.	BURIAL, CREMATION,	23b. DATE	23c. NAME OF					N (City or Town)	(County)	(Stote)
	REMORALISMENT]	April 2	23, 1968 Hy	ndmar	1 Ceme	-		an, Bedf).,Pa.
24.	FUNERAL DIRECTOR		ADDRESS	V B E		2So. REC'D BY		2Sb. REGISTRAR'S		A DELEC
	Harvey	H. Zeig	ler, Hyndma	n, Pa	9.	DATE AFF	(261	968 goile	mes Ja	ufgit.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion ond completely filled in by the funeral director, page 3 should be detoched for use os the burial-transit permit. Then please remove corbon papers, Pages abould be filed with the State Dept. of Health prior to burial, crematian, or removal, and in ony event, within 72 haurs of the contractions. VR A15 [4] 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

5,0000 Chill. The state of the second HALL TELL TO ALL VALLE OWNERS The BOARD SECRET STATE OF THE SECRET SECRET STATE OF THE SECRET S All to the total and the company to a second to the company of the Sand Area 2 5 - 202 St. 12 12 14 of the contract of the contra

Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate directar, page 3 ed 30M REV. 1/68

23g. BURIAL CREMATION. Burry AL (Specify)

22d. PHYSICIAN'S

NAME (Type)

23b. DATE

DR. R. BRODELL

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

500 GREENET STREET, CUMBERLAND, MD. (County)

(State)

24. FUNERAL DIRECTOR

April 23,1968 Gate Of Heaven

F. Gasch's Sons 4739 Balt. Ave. Hyattsville, McDAIE

22e. ADDRESS

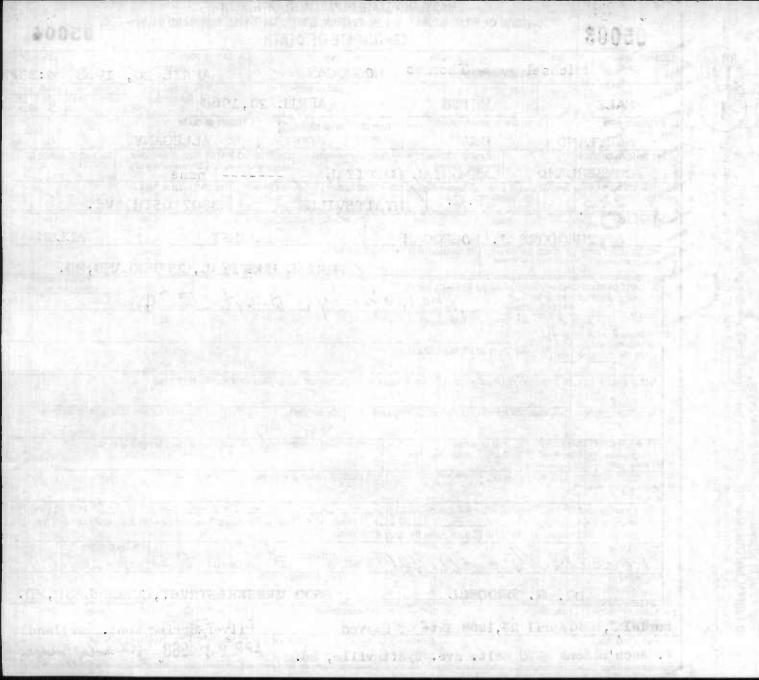
250. REC'D BY REGISTRAR

Pilver Spring Mont.

State

2b. HOUR

4:33 PM



VR ATSME 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH 05004 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

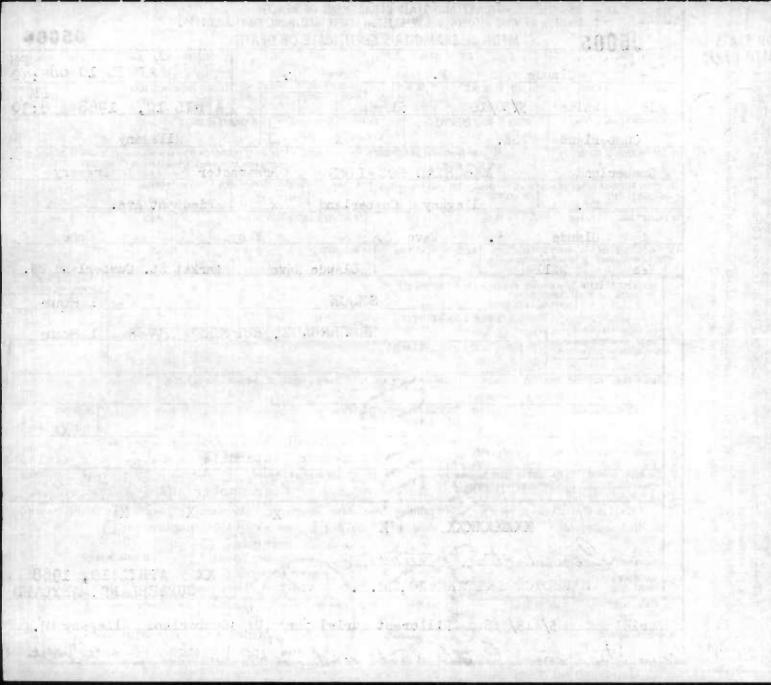
05005

		ECEASED-NAME	First	Middle	Lost	2o. DATE KNOWN Month	Doy Yeor 2b. HOUR					
	- {	Type or Print)	Isabella	Johnson	Mouse	DEATH MATED Apr	1.15					
	3. SI	EX 4. RACE	S. DATE OF BIR		ors IF UNDER 1 YEAR IF UNDER 24 HRS	2c. DATE PRONOUNCED DEAD	2d. HOUR					
	Fe	male White	May 15	, 1902 65 birthdon	y) MONTHS DAYS HOURS MII YRS.	Month pr. Doy 29	Yeor 168 15 M					
	70.1	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WH			COUNTY OF DEATH						
	coun	Penna.	USA		WIDOWED DIVORCED	Allegany	Mc					
0	10. 0	ITY OR TOWN OF DEATH	11. Na	AME OF HOSPITAL OR INSTITU	TION (If not in hospital 120. USUAL	OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR					
7		Cumberland			lemorial Hosp. Ho	t of working life even if retired.)	industry Home					
1		USUAL RESIDENCE (Where de	eceosed lived, if institu 13b. COUNTY		CITY OR TOWN 13d INSIDE CITY LIMITS?	13e. STREET AND NUMBER						
	14. F	ATHER'S NAME First	Middle		15. MOTHER'S MAIDEN NAME Fir	rst Middle	Lost					
1		Alfr	ed E	. Howell		Mary E.	Harlan					
8		WAS DECEASED EVER IN U.S. ARA		16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS						
	1,	es, no, or unknown) (If ye	s give war or dates of service)		Mr. Francis C.	Mouse, Cumberlan	nd, Md.					
		18. CAUSE OF DEATH (Ente	er only one couse per li	ne for (o), (b), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND QEATH					
		PART I. DEATH WAS CA	AUSED BY: MEDIATE CAUSE (o)		LYMPHOSARCO	MA	2 Years					
		2001										
	7	Conditions, if ony, which go rise to immediate couse (
		stoting the underlying cou		AS A CONSEQUENCE OF								
		last.	(c)									
	1	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(o)						
	2	2009										
	CERTIFICATION	190. DATE OF OPERATION		19b. CONDITION FOR WHICH WAS PERFORMED?	OPERATION		20. AUTOPSY?					
)	RTIFI						YES NO NO					
		21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTION		INJURY Month, Doy, Yeor	21c. HOW INJURY OCCURRED (Enter no	ature of injury in Port 1 or Port 2, Ite	em 18.)					
	MEDICAL	CAUSE OF DEATH	P.J	И. 19								
	W		le. PLACE OF INJURY (A foctory, office building		21f. LOCATION Street or R.F.D. No.	City or Town	County Stote					
		AT WORK AT WORK	Total y, office bonding	<i>y,</i> 0.0.,								
		22a. I certify tha	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection X, Inquiry X and in my apinion									
		death resulted fram: Natural causes 🔼 , Accident 🔲 , Suicide 🗍 , Hamicide 🗍 Undetermined manner										
		A CHIEF MEDICAL EXAMINER										
		SIGNATURE DE	nedict	Sketare	CC M.D. ASSISTANT MEDICAL E							
7		EXAMINER'S Dec	Banadiat (Skitarelic,M	DEPUTY MEDICAL EXA		29, 1968					
-		- (71-7			HDDRESS(SINGS), WY,	town, or county) Rt.9,0	Cumberland					
		DC14-O1/141 /C 'C \	23b. DATE	23c. NAME OF CEMET			(County) (Stote)					
		FUNERAL DIRECTOR	May 1,1968		stBurial Park	Cumberland, Alle	egany, Md.					
	_	emes F. Scar	nelli. Cu	ADDRESS	250. REC'D BY	REGISTRAR 25b REGISTRARS	SIGNATURE Quesco					

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VR A15ME (3)

	1 (0	a-21f fint DIVISION	1m 39 MA	CORDS, 301 W.	PRESTO	ARTMENT O	F HEALTH	(LAND 21201		
	050	N5		AL EXAMIN					05006	
1.	DECEASED-NAME	First		Middle		Last		2a. DATE KNOWN Manth	Day Year 2b. Hour	
	(Type or Print)	Claud	de	F.		Nave	Jr.	DEATH MATED APR	IL 10 1688 30	
3.	SEX	4. RACE	5. DATE OF BIR	TH 6. A	GE (In years st birthday)	MONTHS DAYS		2c. DATE PRONOUNCED DEAD	A HOUR	
	Male	White	5/30/1	6	51 YR		MOOKS MIN.	APRIL 10°	1968, 8:30	
	. BIRTHPLACE (Stote	e or foreign 7	b. CITIZEN OF WHA	AT COUNTRY?		ARRIED NEVER /		OUNTY OF DEATH	STOM BUT E	
	" Cumb	erland	USA.			1-4-6	VORCED	Allegan		
	Cumber		give s	ME OF HOSPITAL OR ITEM OF LAIL		N (It not in hospit		OCCUPATION (Kind of work done of working life, even if retired.) aster		
13	O. USUAL RESIDEN	CE (Where deceose	d lived, if institu	tion: Residence befo			13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
	odmission) STATE	Md.	13b. COUNTY	llegany	Cum	berland	YES NO	Piedmont Av		
14.	FATHER'S NAME	First	Middle	Lost		15. MOTHER'S N	AIDEN NAME Firs		Last	
		Claude	F.	Nave	Sr.		Mar	у	Соре	
16	 WAS DECEASED EV (Yes, no, or unknov 	YER IN U.S. ARMED FO	ORCES? var or dates of service)	16b. SOCIAL SECURITY	NO.	17. INFORMANT		ADDRESS		
-	Yes	WWI	1			Claude	Nave	Market St. Co	approximate interval	
	18. CAUSE OF	DEATH (Enter only	one cause per lin	ne far (a), (b), and (c					BETWEEN ONSET AND DEATH	
	819		re CAUSE (g)			HOCK			1 Hour	
	Conditions, if any, which gave (b) Conditions of the provided (b) DUE TO, OR AS A CONSEQUENCE OF HEMORRHAGE, RUPTURED LIVER									
	rise to immed	iate cause (a), {	(b) DUE TO, OR	AS A CONSEQUENCE O		LESIVIOI (III	ROIS, ROI	TOKED LIVER	1 Hour	
	stating the underlying cause last.									
13	PART 2. OTHER	SIGNIFICANT CONDIT	TIONS CONTRIBUTI	NG TO DEATH BUT NO	T RELATED	TO THE TERMINAL	DISEASE OR CONDIT	ON GIVEN IN PART 1(a)		
2	12354									
CERTIFICATION	19a. DATE OF O	PERATION		19b. CONDITION FOR WAS PERFORME	20. AUTOPSY?					
RTIFE									AEZ NO	
		CAUSE WAS R CONTRIBUTING [21b. TIME OF I	NJURY Month, Doy, Ye	6 Q	21c. HOW INJURY	ure of injury in Part 1 or Part 2,	Item 18.)		
MEDICAL	CAUSE OF DEAT		1.00	t hame, farm, street,				bile in singl		
	ard. Insort oc	OT WHILE Toch	ary, office building	it name, tarm, street, <u>f_{.1} et</u> ç.)		21f. LOCATION Stre		City or Town umberland A	County Stote	
18			als sharms of th			a hald as A.				
		sulted fram:		e remains describ			Hamicide	nspectian [X], Inquiry [3] Undetermined manner		
	dedili le	Joned Ham.	a sharen and	Accide			HIEF MEDICAL EXAMI			
	ACTUAL	Bine	dist	Abita	re	1	SSISTANT MEDICAL EXAMI		E SIGNED	
	CYAMINEDIS DEPUTY MEDICAL EXAMINER XX A PRIT. 10. 1968									
	NAME (Type)	BENED	ICT SK	TARELIC	, M.	D . A	DDRESS(Street, city, t	own, or courOUMBERLA	ND MARYLAND	
23	a. BURIAL, CREMA' REMOVAL (Speci		DATE	23c. NAME O	F CEMETER'	Y OR CREMATORY		d. LOCATION (City or Town)	(County) (State)	
2	Burial JUNERAL DIRECT	5/	13/ 68	Hille		Burial	ark los non ny n	Cumberland A	llegany Md.	
14	UNEKAL DIRECT	L . 1	0	AUUI	(E2)		2So. REC'D BY R			
OLL	wo st	ernon	c. Ci	mberle	2-1	mid	DATE APR	1 5 1968 200	carles Judges	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05006 05007 CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME Middle Last 20. DATE OF OEATH (Type or print) ond, HOWARD NESBITT 1968 within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR and campletely filled in by the 15, 1893 74 YRS DAYS REMALE WHITE DECEMBER requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED PIEDMONT, W. VA please remave carban papers. ALLEGANY DIVORCED U.S.A. WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) CUMBERLAND event. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY CUMB, MD CUMBERLANITS ALLEGANY RT.#3. BEDFORD and in any 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Last HERBERT NESBITT LAURA PIERCE 16b. SOCIAL SECURITY NO. 16a. WAS OECEASED EVER IN U.S. ARMEO FORCES? 17. INFORMANT Address Yes, no or unknown) removal UNKNOWN MEMORIAL HOSPITAL CUMBERLAND. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise to immediate cause (a), þ DUE TO, OR AS A CONSEQUENCE, OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? of for use 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 of Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.O. No. City or Town State Caunty While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 23 dpc, 19 68, ta 26 dpc, 19 68, that (I) (we) last saw the deceased alive an 26 dpc, 19 68, and that w (my) (our) apinian death accurred on the date and haur and fram the causes stated abave (1) (we) (did) and not) view the bady after death. 22b. SIGNATURI 22c. DATE SIGNED MED. DIRECTOR 22d. PHYSICHAN 22e. ADDRESS NAME (Type) DR. 122 SO.CENTRE ST., CUMBERLAND, MD. FRED MILTENBERGER directar, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) BURIAL (Specify) APRIL 29,1968 Rose Hill Cemetery Cumberland, funeral director Byron Kight Cumberland, Md. 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 30M REV. 1/68 DATEMAY

PART OF STREET S	X0031				.//) (
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TATT REST 1975 A CONTROL OF THE PROPERTY OF TH		, = , = , = ,		51256	
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DR. PATO NITTENDENTAL AND SERVICE AND SERVICE AND					
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	. da .ok-1	SHOOL THE	. 医到今春味	Involution 3	
DR. PAGR BULTSTREERING 122 SOLGSWIFE SOL, UTSSL. SOL, UTSSL. SOLGSWIFE SOLGS					
TOR. PAGE BULTERBURGE 122 SOLCENIA SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOLD					
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201

05007			CERTIFIC	ATE OF D	EATH			05	008		
1. DECEASED-NAME	First	Middle		Last		2a. DATE OF		Allens	2b. HOUR _△		
(Type ar print)	Cather	ine El	len	Nisbe	t	April	Month 13	DOY 1968	9:50°M		
3. SEX Female	4. RAC	White		S. DATE OF BIRTH August		884	6. AGE (In years last birthdoy)	MONTHS DAYS	IF UNDER 24 NRS. NOURS MIN		
7o. BIRTHPLACE (Stote or country) Scltlan	foreign 7b. CITIZI	N OF WHAT COUNTRY?	8. MARRIED E	NEVER MARRIE		COUNTY OF		egany	Md		
10. CITY OR TOWN OF DE Cumberla		11. NAME OF HOSPITAL OR III give street oddress) 37	,	Street			(Kind of work don ife, even if retired		F BUSINESS OR Home		
odmission) STATE	Where deceosed lived, 13b. C	f institution: Residence before			INSIDE CITY LIMITE		Race St	reet			
14. FATHER'S NAME	First	Middle Last	15.	MOTHER'S MAIDE	N NAME First		Middle		Last		
	John Fitz	patrick	100	Hanna	h Hau	ghie		979			
Yes, no, or unknown)	(If yes give war or dates of			FORMANT s. Hele	n Sch	wenni	Address		d, Md.		
Conditions, if any, nise to immediate stoting the underl	which gave cause (a), ying cause	TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF (c)	-								
		ONTRIBUTING TO DEATH BUT I	NOT RELATED TO	THE TERMINAL DI	ISEASE OR CON	IDITION GIVEN	IN PART 1(o)				
19a. DATE OF OPERA		FOR WHICH OPERATION WAS P	ERFORMED	FORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?				S CONSIDERED IN	CERTIFYING		
S OR CONTRIBUTING	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol examiner) 21b. TIME OF INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)										
While Nat while		INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.		CATION Street a			ar Tawn	Caunty	State		
22a. I certify t saw the d causes sta	22a. I certify that (I) (this haspital) attended the deceased from 7. — 28., 19. 65 ta. 4 — 14., 19. 60, that (I) (we) last saw the deceased alive an19										
22b. SIGNATURE	Eage!	Bui.	DEGR	ATTENDING	MED DIRE	CTOR	STAFF PHYS.	DATE SIGNED	8		
22d. PHYSICIAN'S NAME (Type)	Ralph W.	Ballin, M.I	62	22e. ADDRES Greene	St.	Cumb	erland,	Md 215	502		

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. director, page 3 should be detoched for use as the buriol-tronsit permit. Then please remove corbon papers. Tag should be filed with the Stote Dept. of Heolth prior to buriol, cremotion, or removal, ond in ony event, within 72 bours. Page 4 may be retained by the hospital or attending physician 30M REV. 148

23a. BURIAL, CREMATION, REMOVAL (Specify)

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after

23b. DATE Apr.16,1968 23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery 23d. LOCATION (City or Town) Cumberland, Allegany, Md. REGISTRAR 25b. REGISTRARS SIGNATURE

(County) (State)

24. FUNERAL Scarpelli. 25d. REC'D BY REGISTRAR DATE APR 18 1968

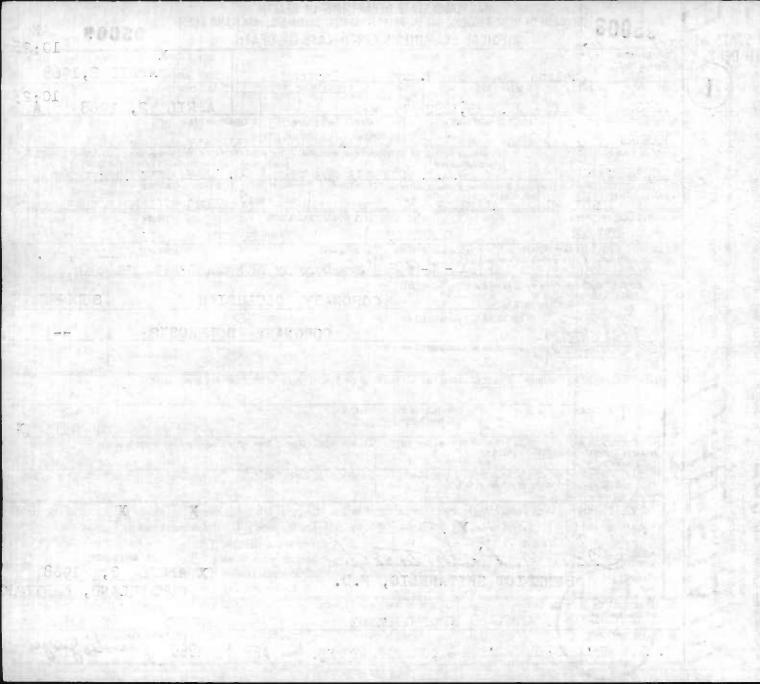
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Charles And Annual Control

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1		1		DIVICION			EPARTMENT OF		AND 21201	T AT		
FOR ST	TATE (1	05008 planto			STON STREET, BALT S CERTIFICATE		AND 21201	0500	39	AM
HEALTH	DEPT.	V		CEASED-NAME First		Middle	lost	OI DEATH	20. DATE KNOWN	Month Do	v Year	26. HOUR
is to a	4	1	(1)	ype or Print) Nels	on	Henry	Olmste	ad	OF FETT	APRIL		
d 3 to Poge	# 1		3. SE		S. DATE OF BIRTH	6. AGE (In last birth	VOORS IF UNDER 1 YEAR	IF UNDER 24 HRS.	2c. DATE PRONOUNCED	DEAD	v .	10:25
y del , and PM3.	100	1	-	ALE WHITE	JULY 25	1892 75	YRS.		APRIL	2, 19	189	AM
T (4	Depart (RTHPLACE (State or foreign	7b. CITIZEN OF WHAT C	OUNTRY? 8.	MARRIED NEVER MAI		INTY OF DEATH			
ges far	State			TY OR TOWN OF DEATH	USA II NAME	OF HOSPITAL OR INSTIT	WIDOWED DIVO		CUPATION (Kind of wo	ark dane 12h	. KIND OF BU	Md.
haurs after death Item 18. Give Pages 1, Office alang with farm	he Si	19		CUMBERIAND	give street	address)	ORTAL HOSPT	during most of	f warking life, even if	retired.) INC	USTRY	
Giv ang	with the death.	1		USUAL RESIDENCE (Where deceos	ed lived, if institution:			d. INSIDE CITY LIMITS?	13e. STREET AND NUM		MPLOYE	<u> </u>
rs a 18.	~ 00	1	ad	mission) STATE MARYTAND	13b. COUNTY AT, T, E	GANY C	UMBERLAND	YES NO K	RFD#3 MTI	I. ROAD	CUMBE	RINND
haur Item Office	after d	1	14. FA	THER'S NAME First	Middle	Last	IS. MOTHER'S MAIL		Mic	ddle	lo	ost
4 6 8	pages 1 haurs	-	I An M	OLIVER (AS DECEASED EVER IN U.S. ARMED)	ODCESS TIAL	OLMSTEAT SOCIAL SECURITY NO.	17. INFORMANT	ETTA		LLE		WILL
n pencil i Examiner					um or dates of conces	11-30-6685		that THOM	PSON RFD#3	CUMBERI	LAND,	MD.
70 .=	File in 72	1		18. CAUSE OF DEATH (Enter on			THIS DOTO	OILY THOM	COOK A.C. F.S.			TE INTERVAL
d be executed in pending.	permit. Fi			PART I. DEATH WAS CAUSEI	BY: TE CAUSE (o)	(=)/(=)/	CORONARY	OCCLUS	SION		SUDDI	
e execu pending of Medic	- ÷			4109		CONSEQUENCE OF						
d pe	rans y ev			Canditians, if any, which gave rise to immediate cause (a),	(b)	L CONCEOUENCE OF	COR	ONARY	SCLEROSIS	3		•
war	urial-transit in any ever			stating the underlying cause last.	DUE TO, OK AS A	A CONSEQUENCE OF				- 177		
9 ± =	a bu		Î	PART 2. OTHER SIGNIFICANT COND	(c) ITIONS CONTRIBUTING 1	O DEATH BUT NOT REI	ATED TO THE TERMINAL D	ISEASE OR CONDITIO	N GIVEN IN PART 1(a)			
writing writing rwarded	0		z	4201								
	e used remava		CERTIFICATION	190. DATE OF OPERATION	19b.	CONDITION FOR WHICH WAS PERFORMED?	H OPERATION				20. AUTOP	
		2	ERTIF	21o. EXTERNAL CAUSE WAS	215 TIME OF INTUI	RY Manth, Day, Yeor	21. HOW INTERVOC	(HDDDD / C-4		D + 0 14	YES	NO [X
certifical				PRIMARY OR CONTRIBUTING		KT Marith, Day, Teor	ZIC. NOW INJURY OU	CORRED (Enter natul	re of injury in Part 1 a	r Part 2, trem	18.)	
sha stile	age 3 shau crematian,		MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 21e.	PLACE OF INJURY (At ho	me, farm, street,	21f. LOCATION Street of	or R.F.D. No.	City or Town	(County	State
XAM te the	age			AT WORK AT WORK	tary, affice building, et	c.)	10000					
Xecu Pag	DR: P			22a. I certify that I t	aak charge af the re	emains described	ibave, held an Auta	psy, Ins	pectian X, Inc	quiry 🗶,	and in r	my apinian
Se e crtor	RECTOR:			death resulted fram:	Natural causes	Accident [, Suicide ,	Hamicide,	Undetermined	manner 🗌		
please	= -			ACTUAL 1	1:41	SA+	11	F MEDICAL EXAMINE		OOL DATE CLOS	NED	
UTY, Iry, ieral	RAL I			SIGNATUR	MELX	IR Ja	DEDI	STANT MEDICAL EXA		22b. DATE SIGN		68
o DEPUTY necessary, the funeral	TO FUNERAL Health pri	2		EXAMINER'S NAME (Type) BEN	EDICT SK	ITARELIC	IVI I I		wn, or county CUME			ARYLAI
of the	10 He		23a.	DEMONIAL IC LA	DATE		ETERY OR CREMATORY		LOCATION (City or Tov			(State)
		-	04	REMOVAL/Specify)	APRIL 68	DEAY CEM	ETERY	loc peers av see	VINLAND		CANSAS	
VR A	15ME (5)	-		UNERAL DIRECTOR LEE SILCOX 1	OL DECATUR	ADDRESS	DT AND MED	DATE APR	4 _ 1968	GISTRAR'S SIGN	VAJURE VAC	dge
TOM	REV. 1/68		11.	THE DITTOON L	tot DECTION	r profitting	RLAND MD.	DAIL ALL	I _ 1000	1	1	0



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05003

CERTIFICATE OF DEATH

05010

1.	DECEASED-NAME	First		Middle		Lost		2a. DATE OF	DEATH	201		2b. H	HOUR
	(Type or print)	LONI	E			O'NEAL			Month	Doy 20	Yeor 68	8:0	-
3.	SEX	-94	4. RACE			S. DATE OF BIR	TH		6. AGE (In years		F UNCER 1 YEAR	IF UNDER	24 HRS.
	FEMALE		WHITE			9-2	8-84		lost birthday)	YRS. MO	ONTHS DAYS	HOURS	MIN.
70.	BIRTHPLACE (Stote o	r foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIE	D NEVER MARK	RIED	9. COUNTY OF			-		
co	MARYLA	ND	U.S.A		WIDOWE		CED 🗍	A	LLEGANY				Md
	CITY OR TOWN OF D			OF HOSPITAL OR INS	TITUTION (f not in hospitol			(Kind of work d			F BUSINESS	OR
	CUMBERLA			MORTAL	HOSE	PITAL	during m	ost of working	life, even if retire	30.)	INDUSTRY		
13c	o. USUAL RESIDENCE (mission) STATE	Where decease	d lived, if institution:	Residence before	13c. CITY		3d. INSIDE CITY L		REET AND NUMBER				
Udi	MARYI	AND _	13b. COUNTY ALLEC	ANY	CUME	BERLAND	YES N	0	23 VIRO	INI	A AV	ENUE	-
14.	. FATHER'S NAME	First	Middle	Lost		IS. MOTHER'S MA			Middl		794	Lost	
L		DANIEL		LEASUF			JE	ENNIE	0.00		HUFF	'MAN	
16	o. WAS DECEASED EVE Yes, poor unknown)	ER IN U.S. ARMI	ED FORCES? 16	b. SOCIAL SECURITY N	10.	7. INFORMANT			Addre				
	110					MEMORI.	AL, HC	SPITA	L CUM	BER	RLAND	MD.	
	18. CAUSE OF DE	ATH (Enter only H WAS CAUSED	ane couse per line	or (a) (b), and (c).)	They of	11		1	1		ONSET AND DE	
	PAKI I. DEAI	IMMEDIA	TE CAUSE (a)	ar	er	Terry of	h	Leu	Non	7	80	Lac	-
1	410	Canditions, if ony, which gave)											
	rise to immediat		(b)										
	stoting the under		DUE TO, OR AS A	CONSEQUENCE OF									
1	lost. 4	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)											
1	PART 2. UTBER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEASED TO THE TERMINAL DISEASE ORCUMULTUM GIVEN IN PART 1(0)												
NO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INIURY 22b. HOW INIURY OCCURRED. (Enter nature of injury in Port 1 or Port 2 Item.)										CIDEDED IN	CEDTIEVING	
FICA	Tro. DATE OF OFTEN	170.0	ONDITION FOR WINCH	OFERATION WAS TEL	YES NO CAUSES OF DEATH?						CEKIII IING		
FET	21a. ACCIDENT W	AS UNDERLYING	21b. TIME OF IN	IIIRY	210	HOW INJURY OCCU	ye.	or noture of iniu	ny in Port 1 or Por	rt 2 Item	m 181	100	
		CAUSE OF OEATH	HOUR A.M.	Manth Day Year		TOW HOOK! OCC	SKKED (EITIE	a dance of mile	19 111 1 011 1 01 10	1 2, 11011	11 10.)		
MEDICAL		PRED 21e I	PLACE OF INJURY (AT OFF	HOME, FARM, STREET, FAC		LOCATION Street	or R F D No	Vity	ar Tawn		County		tate
	While Not wh	iie	OF	FICE BUILDING FTC	/	1 1	01 111101 110	100	for the	105	m	7//	1
1			s haspital) attend	led the deceds	d from	11/3/6	0,19	, to 11	17/14	19	/tha	at (I) Lyve	e) las
1	saw the	deceased ali	ve an	P20/11	9(ind that in (my					and haus	r and fra	m the
	- Annual Control	ated abaye	(t) (we) (did) (di	o nat) view the l	bady afte	er death.		1	-		/	/_	
1	225. SIGNATURE	1/1	7/1/			ATTENDIN	3	MED.	STAFF	22c. DAT	TE SIGNED		
1-	22d PHYSICIAN'S	1//	INV	nen	19	PHYS.		DIRECTOR 🗀	PHYS.	7/	1 3	()	
1	NAME (Type)	DR. R	. J. WII	LIAMS				LAND, M	D.	//			
28	o. BURIAL, CREMATION			23c. NAME OF	CEMETERY				ON (City or Town)	-/-	(County)	(State)	
	REMOVAL (Specify)		r.23,1968			Grove Ce	meter		berland				
24	. FUNERAL DIRECTOR			ADDRESS	3.5 -		25a. REC'D	BY REGISTRAR	1968 REGISTA				
	James F.	bcarp	elli, Cur	noertand	, Ind	•	DATE	MAY 2	1968	· · · · ·	rus	10	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Place the should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dea VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retoined by the hospital or attending physician.

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MANUFACTURE - CO.	936196	SELECTION OF	
	Ta felial Jazonsch		
	, on Almania.		

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	00036	3 - 00111	MEDIC	AL EXAMINE	R'S CI	ertificate	OF DE	HTA				UNU	12
	ECEASED-NAME	First		Middle		Last			20. DATE K	NOWN X Manth	Day	Year	2b. HOUR
	Type or Print)	REBEC	CA	JANE	OR	NDORFF				MATED APRI		,1968	2b. Hour 25 P
3. 9	SEX /	RACE	S. DATE OF BIR	TH 6. AG	E (In years	IF UNDER 1 YEAR	IF UNDER			ONOUNCED DEAD			2d. HOUR
	FEMALE	WHITTE	OCT 1	4 1946 2	t birthday) YRS.	MONTHS OAYS	HOURS	MIN	Month	PRIL 21	196	Br 19 9	9:40P N
	BIRTHPLACE (State		b. CITIZEN OF WH			RRIED NEVER M.	ARRIED X	9. COUN	ITY OF DEA	TH			
COU	VIRGI	NTA	USA			_	ORCED		AT.T	EGANY			Me
10.	CITY OR TOWN OF		11. N	AME OF HOSPITAL OR II	NSTITUTION	I (If nat in haspita	ıl 12a. U	ISUAL OCC	UPATION (K	ind of work done	12b. K	IND OF BU	
	RFD FLI	אות פתים או	give s	ROUTE 40			during	mast of	working lif	e, even if retired.)	INDUST	rrosi VVE	erymil
13a	USUAL RESIDENCE	(Where decease	ed lived if institu	tion- Residence before	13c. CITY	OR TOWN	13d. INSIDE CITY	LIMITS? 1	13e. STREET	AND NUMBER	199	TA KAPAC	7
(idmission) STATE	W.VA.	13b. COUNTY	KELEY VI	ART	INSBURG	YES X	10 ON	658	FAULKNE	ER A	VE.	
14.	FATHER'S NAME	First	Middle	Last		15. MOTHER'S MA				Middle		los	st t
		JAMES	S	. ORNDO	ORFF		G	LADY	7S	K.		KIRE	
16a.	WAS DECEASED EVER	IN U.S. ARMED F	ORCES?	16b. SOCIAL SECURITY N		7. INFORMANTGI				ADDRESS			
(Yes, no, or unknown) (If yes give w	var or dates of service)	232 72	7638	JAMES/	S/. 0	RNDC	RFF	MARTIN	ISBU	RG.	W.VA
	18. CAUSE OF D	DEATH (Enter only	v one couse per li	ne for (a), (b), and (c).								APPROXIMATI	E INTERVAL
		TH WAS CALISED	BY-			ACTURED	SKULL	CRIS	SHED (CHEST	-	JDDEN	
П	812.	IMPREDIA		AS A CONSEQUENCE OF				,		0111101	- 50	אופועועו	
	Conditions, if on		(b)			49							
	rise to immedia stating the und			AS A CONSEQUENCE OF	F								
	last.)	(e)										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)												
z	8164												
ATIO	19a. DATE OF OPI	RATION		19b. CONDITION FOR V		RATION	Trefe)				2	20. AUTOPS	Υ?
CERTIFICATION				WAS PERFORMED	7							YES [NO X
	210. EXTERNAL CA	USE WAS	21b. TIME OF	INJURY Month, Day, Yea	or 2	1c. HOW INJURY O	CCURRED (En	iter nature	af injury i	n Part 1 ar Part 2,	Item 18.)		
MEDICAL	PRIMARY OR CAUSE OF DEATH		9:25P	APRIL 219	1968	PASSEN	GER T	יועדי זי	CAR	COLLISIO	TAT		
ME	21d. INJURY OCCU	RRED 21e. P	LACE OF INJURY (M. APRIL 219, At home, form, street,	2	If. LOCATION Stree	t ar R.F.D. No.		City or	Town	Coun	nty	Stote
	WHILE NOT AT	WHILE X R	1.# 40	two miles	west	of FLIN	TSTONI	E, AI	LEGAN	Y. MARY	LANI)	
	22a. l c	ertify that I to	ak charge of th	he remains describ	ed abave	e, held an Aut	apsy ,		ection []				ny apinian
	death resu	Ited from:	Natural caus	ses , Acciden	nt X	Suicide ,	Hamicid		_	rmined manner			
	/)	. /	, ,			HEF MEDICAL						
	SIGNATURE	renedo	ct OR	Marelia	/	M.D. AS	SISTANT MED	ICAL EXAM	INER _		E SIGNED		
	1	ייידריי	CETTOAD	ELIC, M.D.	Ten	DE	PUTY MEDICA	L EXAMIN	ER A	APRIL 2			
	NAME (Type)	DEM PRINTO	DATIAG	ELLO, M.D.		AD	DRESS(Street	, city, tow	n, or cont	MBERLAND	, MA	RYLA	ND
230	BURIAL, CREMATIC REMOVAL (Specify	ON, 23b.	DATE	23c. NAME OF	CEMETERY					City or Town)			State)
	BURIA	L 4/	24/68	FALLTI	NG W	ATERS C	EM.	SE	PRING	MILLS	94	W. 1	/A.
24.	FUNERAL DIRECTOR	2	TO A D	ADDR	ESS		2Sa. REC'I	D BY REGI	STRAR	2Sb. REGISTRAR'S		URE	144
	HOWA	RD K.	BROWN	MART.	TN2B	URG, W. V	DATE	APR	241	APP I	range	JA SA	0

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	andres yes		
12	. AP	Tradition of	CHILANDER M. MESSO

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05012 **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the fundral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages—Y and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Neath.

Page 4 may be retained by the hospitol or ottending physicion.

VR A15 (4) 30M REV. 1/68

00010		LEKTIFICATE OF DEATH		02019
1. DECEASED-NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR
(Type ar print) WILLI	AM EDWARD	PLUMMER	APRIL Day	1968 2:58 M
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS.
MALE	WHITE	FEB. 6. 190	06 last birthday) YRS.	MONTHS DAYS HOURS MIN.
	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
SHAFT, MD.	U.S.A.	WIDOWED DIVORCED	ALLEGANY	Md
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give street address) MEMOR TAT	during mo	AL OCCUPATION (Kind of work dane ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
CUMBERLAND, MD 13a. USUAL RESIDENCE (Where deceased			ORER	KELLY TIRE
odmission) STATEMARYLAND	1		141 INDEPEN	DENCE ST.
14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F		Lost
CLYDE	PLUM	MER NET	TIE VIOLA	WINEBRENNE
160. WAS DECEASED EVER IN U.S. ARMED		O. 17. INFORMANT	ST. MOUM	BERLAND, MD.
Yes no or unknawn) (If yes give war	or dates of service) 213-09-6	464 MR. JAMES E		INDEPENDENCE
	ane cause per line far (o) (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED E		ic shace		3 hrs -
0001	DUE TO, OR AS A CONSEQUENCE OF			
Conditions, if ony, which gove) rise to immediate cause (o),	(b) Severe di	Huse peritorites 2"	to rupture Storm	ccle .
stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	1 1	201	- 1
last.	10 Generalized	Lymphosarcona E1		ach Tyr
PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	
X VVV		, , , , , , , , , , , , , , , , , , , ,	Tool 15 155 INSECTION OF	
19g. DATE OF OPERATION 19b. CO 21o. ACCIDENT WAS UNDERLYING 19g. CONTRIBUTION CALCULATION 19b. CO	NDITION FOR WHICH OPERATION WAS PER	RFORMED 200. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		nature of injury in Part 1 ar Part 2,	Item 18.)
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M. 19			
ZIG. INJUNI OCCURRED ZIG. PE	ACE OF INILIRY AT HOME, FARM, STREET, FAC		City ar Tawn	Caunty State
While Not while at wark of wark	OFFICE BUILDING, ETC.	1 1	1-1	
	hospital) attended/the decease	ed fram 3/28 / , 196		Gh, that (I) (we) lost
saw the deceased oliv	e on 4/1/6 5	9, and that in (my) (our) opi	nion death occurred on the do	ote ond hour ond from the
22b. SIGNATURE	(I) (we)(did) (did nat) view the I	bady after deam.	22.	DATE/SIGNEO
Watter	n Shandeil		NED. STAFF STAFF	1/3/68
22d. PHYSICIAN'S		22e. ADDRESS		
NAME (Type) DR .	W. A. HIMMLER	CUMBER	RLAND, MD.	
23a. BURIAL, CREMATION, 23b. DA		CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(Caunty) (Stote)
BURIAL Specify) 4/4			ECKHART, ALI	EGANY, MD.
MARILOUM. SOWI	ERS HAFER SOWER	RS FINERAT 250. REC'D B	The second second	
Marilan M. Lavers	HOME. 60 W. MA	IN FROSTETTE PATE PR	11 1968 Other	way Justine

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A Barrat		A DOUBLE	MINNON.	Charlesto .	
	1908	Page 6,	unin		46
	Y. O. DA L.				
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 050 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR and 2 (Type or print) 968 ROBERT M. REECE 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 24 hours after within 72 haurs aft last birthday) HOURS MALE WHITE FEBRUARY 21,1904 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED physician and campletely filled in en please remave carban papers. WIDOWED [DIVORCED [ALLEGANY BALTIMORE. MD 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR The law requires that the death certificate be executed within during mast of warking life, even if retired.) INDUSTRY CUMBERLAND, MD. RETIRED I, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY **118 MAIN** STREET MARYLAND 14. FATHER'S NAME Middle Middle First Lost IS. MOTHER'S MAIDEN NAME First Lost SUTTON B. REECE BLANCHE MURPHY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) HOSPITAL, CUMBERLAND or remaya APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) crematian, DUE TO. OR AS A CONSEQUENCE Conditions, if any, which gove: burial-transit rise to immediate couse (o), DUE TO. OR AS A CONSEQUENCE OF stating the underlying couse signed l burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar tal be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES 🖂 of Health 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) TOT OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street or R.F.D. No. Stote City or Town County While Not while at wark 220. I certify that (I) (this haspital) attended the deceased frame 190 and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased olive on Ma couses stoted obove, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED STAFF DEGREE DIRECTOR PHYS. ed

directar, VR A 5 (4) 30M REV. 1/68

hauld

23b. DATE

B. SCHINDLER

PHYSICIAN'

23a. BURIAL, CREMATION

MOVAL (Specify 24. FUNERAL DIRECTO

23c. NAME OF GEMETERY OR CREMATORY

23d. LOCATION (City or Town)

(County)

22e. ADDRESS

43 GREENE STREET CUMBERLAND

Ed Morris Tried 2 7

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MARYLAND STATE DEPARTMENT OF HEALTH

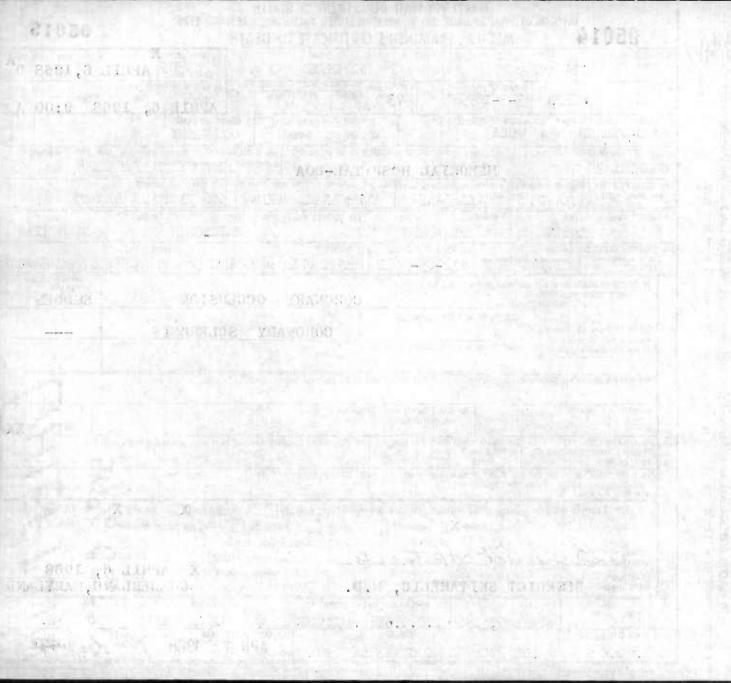
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

W	Em	0	9	1
4	U	V	1	97

050	14	MEDIC			CERTIFICAT			21201	050	15
1. DECEASED-NAME (Type or Print)	First STEWART		Middl		Lost REYNOLDS			2a. DATE KNOWN Month OF ESTI- DEATH MATED APR		68 9 M
3. SEX MALE	4. RACE WHITE	S. DATE OF BIR 3-3-18		6. AGE (In years losy bythday)	MONTHS DAYS	IF UNDER HOURS	24 HRS MIN.	2c. DATE PRONOUNCED DEAD Month APRIL 6	968 Yeor 19:	2d. HOUR
7a. BIRTHPLACE (Stot country) SCOTI	AND	O. CITIZEN DF WH USA		WI		VORCED	A	ILEGANY		Mc
10. CITY OR TOWN O	ND	ME	MORTAL	HOSP	ON (If not in hospit ITAL-DO.	A during	g mast o	CONTROL (Kind of work done	12b. KIND OF B	USINESS OR
13o. USUAL RESIDEN admissian) STAT	CE (Where deceosed MARYLAND	13b. COUNTY A	LLEGANY	C	TY OR TOWN UMBERTANI	13d. INSIDE CITY YES X		13e. STREET AND NUMBER 506 VICTORIA S	STREET	
	First WIILIAM	Middle	REYNOL		15. MOTHER'S N	AIDEN NAME		Middle IZABETH		ost CHIAN
16a. WAS DECEASED EN (Yes, no. or unknow	VER IN U.S. ARMED FO	RCES? gr. or dates of service) H AHIMY	214-05		17. INFORMANT MRS THUI	RLA RE	YNOL	DS 506 VICTORI		
18. CAUSE OF PART I. C	DEATH (Enter anly DEATH WAS CAUSED IMMEDIATE	BY: E CAUSE (a)	ne for (a), (b), o		CORONA	RY O	CCL	USION		EN
rise to immed stating the ur last.	iny, which gave liote cause (a), aderlying cause	(b) DUE TO, OR	AS A CONSEQUE	NCE OF		ONARY		CLEROSIS		•••
42	SIGNIFICANT CONDIT	IONS CONTRIBUT	ING TO DEATH BU	JT NOT RELATE	D TO THE TERMINAL	DISEASE OR	CONDITIO	ON GIVEN IN PART 1(a)		
190. DATE OF C	PERATION		19b. CONDITION WAS PERFO		PERATION				20. AUTOF	
PRIMARY 0 CAUSE OF DEAT	R CONTRIBUTING [ay, Year 19				re of injury in Part 1 or Port 2,	Item 18.)	
21d. INJURY OC WHILE AT WORK		ACE OF INJURY (ary, affice buildin	At home, form, s g, etc.)	treet,	21f. LOCATION Stre	et or R.F.D. No).	City ar Tawn	Caunty	Stote
	Bene	Natural caus		cident [],	Suicide [],	Hamicie HIEF MEDICAL SSISTANT MEDICE EPUTY MEDICE	de, EXAMINE DICAL EXA AL EXAMI	MINER 22b. DAT	TE SIGNED 6, 196	
23a. BURIAL, CREMA REMOVAL (Spec BURIAL)	TION, 23b. C	DATE	23c. NAI	ME OF CEMETER	A. CEMET			LOCATION (City or Town) CENTREVILLE BI	(County)	(State)
24. FUNERAL DIRECT		1.17		ADDRESS		2Sa. REC	PR 9	GISTRAR 25b. REGISTRAR		ye

5 may be retained far yaur files.

TO DEPUTY



with the Stote Departmen

Iny delay is 2, and 3 to

in Item 18. Give Poges 1,

24 hours ofter death

within in pencil

This certificate should be executed

forwarded to the Chief Medical Examiner's Office along with form

pending

writing the word

please execute the certificate,

SICAL EXAMINER:

O DEPUT

should be

Poge 4 for your

the funeral director. 5 moy be retained

buriol-transit permit. File pages 1 and 2

O OS

FUNERAL DIRECTOR: Poge 3 should be used

MARYLAND STATE DEPARTMENT OF HEALTH

TIMORE, MARYLAND 21201

100	Dup	-	.0	10
	Sung.	2.3	7	6
- 14	413	3.3	- 12	12

196810

2b. HOUR

2d. HOUR

10 M

Md.

Year

12b. KIND OF BUSINESS OR INDUSTRY Hospital

16

Apr.

Day 16

05015				'S CERTIFICATE		
DECEASED-NAME (Type or Print)	First	Claren	Middle	lost Shaffer		2a. DATE KNOWN Man OF ESTI- DEATH MATED AT
3. SEX Male	4. RACE White	s. DATE OF BIRTH Feb. 11	,1905 6. AGE (YRS. MONTHS DAYS	HOURS MIN.	2c. DATE PRONOUNCED DEAD Month Apr. Day
7a. BIRTHPLACE (Sta country) W. V	a.	b. CITIZEN OF WHAT C USA			VORCED E	Allegany
10. CITY OR TOWN C	land	give street	oddress) Memo		ita I Or	OCCUPATION (Kind of work dor of working life, even if retired DETLY
13a. USUAL RESIDE admissian) STAT	NCE (Where deceose E Md •	13h COUNTY		a. city or town	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER Y.M.C.ABa
4. FATHER'S NAME		Middle or Shaff	lost er	IS. MOTHER'S M		Middle le Phillips
(Yes, na, or unkno		ORCES? vor or dates of service)	. SOCIAL SECURITY NO.	17. INFORMANT Roy K. N	Matthew,	Wiley Ford, W
Conditions, if rise to imme stating the u	ony, which gave diate cause (a), nderlying couse	DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF A CONSEQUENCE OF TO DEATH BUT NOT R	CORONAR CO	RONOAR Y CORONAR	THROMBOSIS
190. DATE OF	OPERATION	196	. CONDITION FOR WH WAS PERFORMED?	CH OPERATION		
	OR CONTRIBUTING TH	HOUR A.M. P.M.	RY Month, Day, Year 19	21c. HOW INJURY (OCCURRED (Enter nat	ure af injury in Part 1 ar Port
21d. INJURY O WHILE AT WORK		LACE OF INJURY (At he tary, office building, et	ome, farm, street, c.)	21f. LOCATION Stree	et ar R.F.D. No.	City or Town
22a. l	esulted from:	Natural causes	Ritari	M.D. AS		NER 22b. D AMINER 22b. D
230. BURIAL, CREMA BUT LAT	16.1	DATE19,1968	23c. NAME OF CE	METERY OR CREMATORY		d. LOCATION (City or Town) Cumberland . Al

James F. Scarpelli, Cumberland, Md.

Abe Cemetery

CITY LIMITS? 13e. STREET AND NUMBER Y.M.C.A.-Baltimore Ave. Belle Phillips hew, Wiley Ford, W. Va. Nephew APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OCCLUSION HOURS OARY THROMBOSIS 11 SCLEROSIS RONARY OR CONDITION GIVEN IN PART I(o) 20. AUTOPSY? YES X NO [D (Enter nature of injury in Part 1 or Port 2, Item 1B.) D. No. City or Town County State Inspection x Inquiry x and in my opinion Undetermined manner ICAL EXAMINER 22b. DATE SIGNED MEDICAL EXAMINER April 16,1968 EDICAL EXAMINER Cumberland, Md. treet, city, tawn, or county) 23d. LOCATION (City or Town) (County) (State) Cumberland 2So. REC'D BY REGISTRAR DATE APR 1968

VR A15ME (5)

24. FUNERAL DIRECTOR

0

#105U to FUNERAL DIRECTOR: Page 3 should be used as o burial-transit permit. File pages I and 2 with the State Department

Health prior to burial, cremotion, or removal, and in any event within 72 hours after death.

O DEPUTY COICAL EXAMINER: Inis certificate should be executed with in Item 18. Give Pages 1, 2, and necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

This certificate should be executed within 24 hours ofter death

DICAL EXAMINER:

TO DEPUTY

5 may be retained for your files.

VR ATSME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		46	2.79	
05	U	1	1	

1	0001	. 47	MEDIC	AL EXAMINER	,2 CF	RIIFICATE	OF DE	AIH				
1.	DECEASED-NAME	First		Middle		Last	-	2a. D.	ATE KNOWN	Month	Day Yeor	2by HOUR
E	(Type or Print)	VERDUN	J	WILLIAM		SHAFF	ER	DE	OF ESTI-	APRII	30,68	30.50
3.	SEX	4. RACE	5. DATE OF BIR	TH 6. AGE	in years	IF UNDER 1 YEAR	IF UNDER 24	4 HRS. 2c. DA	ATE PRONOUN		Joyce	2d. HOUP
	Male		July 1,	1916 sat bir	rthday) YRS.	MONTHS DAYS	HOURS	MIN.	PRIL	#30.	1968 2	: 50 M
	. BIRTHPLACE (Sta	te ar fareign 7b.	CITIZEN OF WHA	AT COUNTRY? 8.	MARI	RIED NEVER MA	ARRIED 🗌	9. COUNTY O	F DEATH			
(0	untry) W. V	a.	U.S.				ORCED 🗌			Allega		Md
10	Cunber			ME OF HOSPITAL OR INST treet address). IORIAL HO			12a. US during	MAL OCCUPATI	ON (Kind of ing life, aven	work dane	NDUSTRY Sil	INESS OR
12				tian: Residence before		PAL-DOA	13d. INSIDE CITY LI		TREET AND N		3111	2
	odmissian) STAT	Maryland	13b. COUNTY A			erland					comac Pa	rk
14	. FATHER'S NAME	First	Middle	Last		IS. MOTHER'S MA		First		Middle	las	1
		William !	/.	Shaffe	r		E	dith			Wint	ers
16		VER IN U.S. ARMED FOR		16b. SOCIAL SECURITY NO	. 17	. INFORMANT	ALC: N		ADD	RESS	Cumb	. Md.
	(Yes, no. or unkno	wn) (by yes give war	or dates of service)	234-26-407	11 1/1	s. Lois	M. Sh	raffer	421 A1	re. M.	Potomac	Park
	18. CAUSE O	F DEATH (Enter only o	one cause per li	ne far (o), (b), and (c).)							APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
	PART I.	DEATH WAS CAUSED B	Y: CAUSE (a)		(CORONAF	RY OC	CCLUSI	ON		SUDDEN	
	14/0	09		AS A CONSEQUENCE OF				-110-2		200		
1		any, which gave	(b)			CORC	NARY	SCLE	EROSI	S		
1		diote couse (o), (AS A CONSEQUENCE OF								
	last.)	(c)									
	PART 2. OTHER	SIGNIFICANT CONDITIO	ONS CONTRIBUTI	NG TO DEATH BUT NOT R	ELATED T	O THE TERMINAL	DISEASE OR CO	ONDITION GIVE	N IN PART 1(0)	7 100	
2	4201		8 5	THE REAL PROPERTY.								
CEPTIEICATION	19a. DATE OF	OPERATION		19b. CONDITION FOR WE	IICH OPER	ATION					20. AUTOPS	/?
TIEL			3263	WAS PERFORMED?							YES 🗌	NO
				NJURY Month, Doy, Year	21	. HOW INJURY O	CCURRED (Ent	ter nature af ir	njury in Port	1 ar Port 2, Iter	m 18.)	
MEDICAL	CAUSE OF DEA	OR CONTRIBUTING	HOUR A.I									
MES	21d. INJURY O	CCURRED 21e. PLA	CE OF INJURY (At hame, farm, street,	21	f. LOCATION Stree	t ar R.F.D. No.		City or Town		Caunty	State
	WHILE AT WORK	NOT WHILE factor	y, office building	g, etc.)								
			k charge of th	ne remains described	obave	held on Aut	opsy 🗀.	Inspectio	חוק חוק	Inquiry 🔽	and in m	y opinian
				es X, Accident			Homicide			d manner	_	y opinion
4	accini .	0	,	17			IIEF MEDICAL E			C (), C [
	ACTUAL	Beno	dict	Abita	100			CAL EXAMINER		22b. DATE S	IGNED	
	SIGNATURE	- Janes		Phina		111.0.		L EXAMINER		PRTT. 3	0. 196	8
	EXAMINER'S NAME (Type)	BENEDI	CT SI	CITARELIC	, N					MBERLA	ND. MD	
2	3a. BURIAL, CREMA	-:4\		23c. NAME OF C	EMETERY (TION (City ar			tate)
	BREMOVAL (Spe	(ify) 5/3	168	Sunset	Memo	orial Pa	urle	Cumb	erlan	d. All	egany	Md.
2	4. FUNERAL DIREC			ADDRES:			25a PRY	BY REGISTRA	968 2Sb.	SECULTRAR'S S	GNATURE	
	H. Wa	uno Gonza	e Cumbe	nland Md.			DATE	UK	300	7	V 1 7	-

W1030 ALON PRICIOUS AVEROSTICAL MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

666	£ .55			CEKHIFI	CAIL OF	DEATH				.00	VUL	€.7
1. DECEASED-NAME	First		Middle		Lost		20. DATE OF	DEATH		Attack	2b.	HOUR
(Type or print)	LOUI	S	PATRICK		SMITH		APRIL	Manth 2:	1 Day 19	68 ^{Year}		
3. SEX		4. RACE			5. DATE OF E	BIRTH		6. AGE (In year	ITS IF	UNDER 1 YEAR	IF UNDER	24 HRS
MALE		WHI	TE	54/19	MARC	H 17,	1897	last birthday	YRS.	NIHS DATS	HOURS	mun
70. BIRTHPLACE (Stote	or foreign	7b. CITIZEN OF V	VHAT COUNTRY?	8. MARRIE	D NEVER MA	RRIED (9. COUNTY OF	DEATH				
MARYLAND		U	S.A.	WIDOWE		ORCED 🗌	ALLE		3-01		No.	N
IO. CITY OR TOWN OF		give	NAME OF HOSPITAL OR IN street address) MINERS HOS		f nat in haspital	12o. USU	AL OCCUPATION RED TA	(Kind of work life, even if ret ERN OPI	dane ired.) PRATO	12b. KIND OI INDUSTRY	BUSINESS	OR
130 USUAL RESIDENCE	F (Where decease	d lived if inceits	tion. Pacidance before		OR TOWN	13d. INSIDE CITY U	IMITS? 13e. ST	REET AND NUMB	ER		5.5	
odmissian) STATE	IARYLAND	13b. COUNTY	ALLEGANY	FROST	BURG	YES	0 11	13 E. M	AIN S	TREET		
14. FATHER'S NAME	First	Middle	Last		1S. MOTHER'S A	MAIDEN NAME	First	Mid	ldle		Last	T _H
	LOUIS		SMITH			ROSE		ANN		DRU	M	
16a. WAS DECEASED I Yes, na, aryphnow	EVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY		. INFORMANT			Add				
· · · · · · · · · · · · · · · · · · ·	W.W.	or or dates of service)	214-32-32	16	EDWARD	D. SMI	TH, MI	LAND, M	D.			
18. CAUSE OF	DEATH (Enter onl	y ane cause per	line for (o), (b), and (c)))	10	(7				IMATE INTER	
PART I. DE	ATH WAS CAUSED IMMEDIA	BY: TE CAUSE (o)	Silal	eval	dow	er-f.	neum	nuce		50	longo	2 -
4/29		DUE TO, OR	AS A CONSEQUENCE OF	0.		0	A	1		11.	0	
Conditions, if a	ny, which gove) ote cause (a),	(b)	Can	deo-	vos	cular	- Dus	easeas	el	700	No-	
stoting the une	derlying cause	DUE TO, OR	AS A CONSEQUENCE OF	Ala		1				111		
last.)	(c)										
PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT N	NOT RELATED	TO THE TERMIN	AL DISEASE OR	CONDITION GIVE	N IN PART I(o)				
19a, DATE OF OP	DATION JOL	ONDITION FOR W	WHEN OUTDATION WAS DE	FREEDUED	00 1117	OBCVO	Tool is	VEC WERE SIND	INICC CONC	IDEDED IN	PERTIFICION	0
19a. DATE OF OPI	EKATION 190.	ONDITION FOR W	HICH OPERATION WAS PI	EKFOKMED	20a. AUT YES	1		YES, WERE FIND OF DEATH?	INGS CONS	IDEKED IN	EKIIFYING	5
210 ACCIDENT	WAS UNDERLYIN	G 21b. TIME	OF INITIDY	216			A service of initial	ry in Part 1 or F	and 7 January	10\		
☐ ar contribution (If either, natify	G CAUSE OF DEATH	HOUR A.M	. Manth Day Yeor	9				ry in Part I of P	ort 2, item	1-10.}		
While Not	while 📉	PLACE OF INJURY	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ACTORY.) 21f.	LOCATION Stre	eet or R.F.D. No	ı. City	ar Town	(ounty	S	Stote
22a. I certif	v that (thi	s haspitol) at	rended the deceas	ed from_	4/1	5 , 19	28, to 4	121	_, 196	8, tha	(I) (44	e) la
sow the	e deceased al	ive an 4/	21/68	19 . 0	nd that in (r	ny) (our) ap	inion deoth	occurred on t	he dote	ond hour	and fro	m th
22b. SIGNATURE		, (I) (***) (did) (which the	body offe	r death.			0.416	99. DAY	CICHED		
	soll.	· B.	Davi	DE DE	GREE PHYS.	A	MED. DIRECTOR	STAFF PHYS.	22c. DAY	3 /	68	
22d. PHYSICIAN NAME (Typ		B. DAVI	S, M. D.		22e. AD		ADWAY,	FROSTBU	RG. M	D.		
230. BURIAL, CREMAT					R CREMATORY			ON (City or Tawr	,	Caunty)	(State)
BURLAL (Specif		24-68			S CEMET			STBURG,	MD.			
24. FUNERAL DIRECTO			ADDRESS				REGISTRAR 10	2Sb. REGIS	TRAR'S SIG	NATURE	dak	
JUSEPH R	. DURST,	SR., F	ROSTBURG,	MD. 2	1532	DATE AP	R 2 5 18	100	- Copy	Jan San	0	'

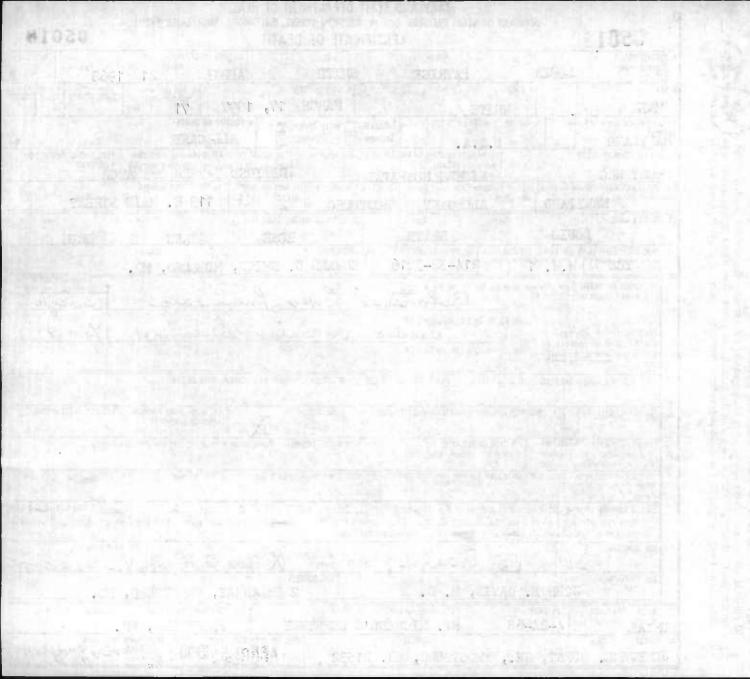
VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban paper shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.

aurs after death



05018

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

05019

				CERTIFIC	AIL OI DEAIL	•			
	DECEASED-NAME	First	Middle		Lost	2o. DATE O	F DEATH		2b. HOUR
((Type or print)	William	Lazarı	ıs	Smith	Ap	ril Month 14 Doy	1968	6 a
3. S	SEX	4. RACE			5. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		White		December 17	7. 1896	lost birthday)	MONTHS DAYS	HOURS MIN.
0.	BIRTHPLACE (State or for	eign 7b. CITIZEN OF W		8. MADDIED	NEVER MARRIED	9. COUNTY O			
cou	untry) Virginia	U.S.A.		WIDOWED			egany		
	CITY OR TOWN OF DEATH	U.D.A.	IAME OF HOSPITAL OR INS				N (Kind of work done	12b. KIND OF E	Mi
U.		give	street oddress)	וו וו) אטווטוווים	during		g life, even if retired.)	INDUSTRY	
	LaVale		23 Atlanti	Lc Aver	nue Le	borer		Constr	ruction
30.	nission) STATE	re deceosed lived, if institu	fion: Residence before		Vec [7]		TREET AND NUMBER		
_	nission) STATE Maryla	ind 13b. COUNTY	Llegany	LaVa.			3 Atlantic	c Avenue)
4.	FATHER'S NAME Fire	t Middle	Lost	15	. MOTHER'S MAIDEN NAME	First	Middle		Lost
	Pe	ter	Smi		A SHALL SHA	Emily	Susan		See
60	. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURITY		NFORMANT		Address		
	Yes	(If yes give wor or dates of service)	217-10-59	917 (Curtis Smith	119 M	ass. Ave.	Cumber	land_Md
	18. CAUSE OF DEATH	(Enter only one couse per I AS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (o), (b), ond (c).	Heine	reusine	and 1)	APPROXIM	MATE INTERVAL NSET AND DEATH
	PART I. DEATH W	AS CAUSED BY:	axes	nosel	erota He	ar L	reaco	1	L cleans
	4120	()							9
	Conditions, if ony, wh		AS A CONSEQUENCE OF						
	rise to immediate co	use (a) (b)—	AC A CONCEOUGLES OF	1,00					
	stoting the underlyin	g toose	AS A CONSEQUENCE OF						
	lost. Ly y	, (c)							
		CANT CONDITIONS CONTRIBU							
5	efecurar	ve arthur 5	1. 1				solleen		
LEK HILLAHON	190. DATE OF OPERATION		HICH OPERATION WAS PE	RFORMED	2Do. AUTOPSY?	CAHE	F YES, WERE FINDINGS C ES OF DEATH?	ONSIDERED IN CE	RTIFYING
11111	3/4/68	Epifastri	hernen		YES NO				
				21c. H0	OW INJURY OCCURRED (E	nter noture of inju	ury in Port 1 or Port 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CA					<u> </u>			
-	ZIG. INJUKI UCCUKKEI	21e. PLACE OF INJURY	/ AT HOME, FARM, STREET, FAC		CATION Street or R.F.D.	No. Cit	y or Town	County	Stote
	While No while of work		OFFICE BUILDING, ETC.	- '	X				
	22g. Certify the	(I) (this hospital) att	ended the decense	ed_from	12/1 19	, to	19	thet	(I) Iwel la
	saw the deci	t (1) (this hospitol) att	Donney	960 , one	that in (my) (our)	pinion deoth	occurred on the do	ite and hour	and from th
	causes state	d above, (I) (we) (did)	(tid no) view the	body after o	deoth.				
	22b. SIGNATURE		1		ATTENDING	1100	CTAFF	DATE SIGNED	
	KOU1	Mesure	an	DEGR	EE PHYS.	MED. DIRECTOR	STAFF PHYS.	April 15	, 1968
	22d. PHYSICIAN'S				22e. ADDRESS	TE BE			
	NAME (Type)	S. G. Weisr	man , M.D.	1130	59 Gree	ene Stre	et, Cumber	land, Mc	1.
30	. BURIAL, CREMATION,	23b. DATE	23c. NAME OF	CEMETERY OR			ION (City or Town)		(Stote)
	PEMOVAL (Specify)				ial Bark	1	Cumberland		. ,
4	LUNICONI DIDECTOR	AS	- Innerec	4	OC DECIS	BY REGISTRAR	25h REGISTRAR'S	SIGNATURE	
J	ohn J. Hat	r,Jr.,280 B	11th AVe	Cimb. 1	MA AF	R 17 1		wees Joes	1220
0		- 1 - 2 - 4 - 2 - 2			DAIL	11	1	1	0 -2

ofter **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Page shauld be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 haurs TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the hospital or attending physician.

death.

30M REV. 1/68

to the large of the comment to the Afelia 123 file ting Avenue Ealors. American for the tip of the form of the first of the first or the firs er eres vibus 1 Krius 1 Krius 1 total E. Controlled, and the first state for the control of the control BOT AND MEN TO THE RESERVE OF THE SECOND SEC a, w. Watering, 1.74. 57 Decino Street, Squiering, 16. All rangels been the took . Steel Island france, the total of the second The state of the s 05013

portme Heolth prior to burial, crematian, or removal, and in ony event within 72 hours ofter death.

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit. File pages 1 and 2 with the State Dela necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form, This certificate should be executed within 24 hours ofter death DICAL EXAMINER: O DEPUTY

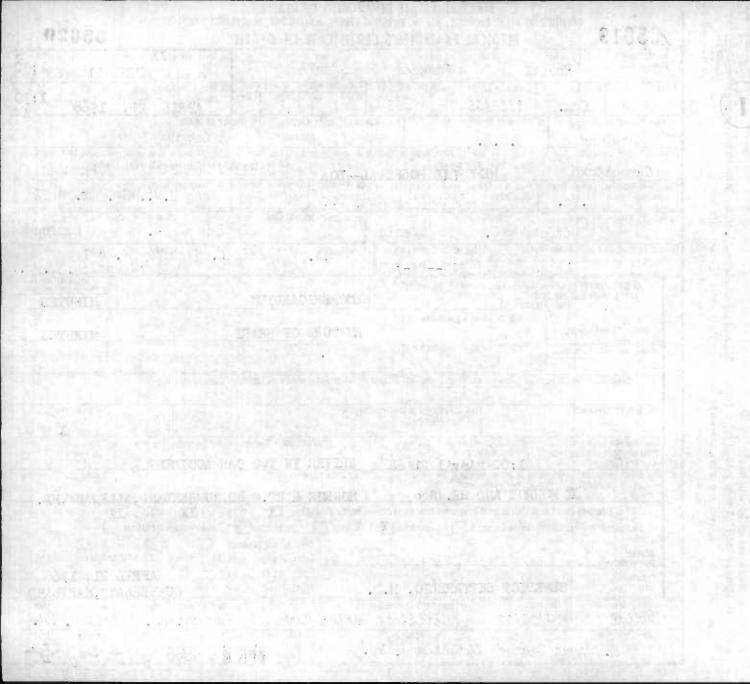
VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05020

1	(Type or Print)	· Rob		Middle Francis	S	teele		OF FSTI-	21 19 68 1:30	
-	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In ye			ER 24 HRS.	DEATH MATED APRIL		
1				last birthda) MONTHS	DAYS HOURS			- Year 2d. HOL	5
	Male		1/23/35					Month PRIL 21,	1968	M
	a. BIRTHPLACE (Stotountry)		76. CITIZEN OF WHAT			NEVER MARRIED		UNTY OF DEATH		
	" Maru		u.s.A.		WIDOWED _		-	Allegany		Md.
7 11	O. CITY OR TOWN O		11. NAME give stree	OF HOSPITAL OR INSTITU	TION (If not i				12b. KIND OF BUSINESS OR	
L	Cumbe		MEMO	HEAL HOSPI	AL-D	JA			Parming	_
-['	odmission) STATI	W. Va.	13b. COUNTY	n: Residence before 13c.		ey YES		13e. STREET AND NUMBER Along W. Va. St	. Rt. # 28	
Z 1	4. FATHER'S NAME	First	Middle	Lost	15. MO1	HER'S MAIDEN NAM	NE First	Middle	Last	=
		Molf	ord C.	Steele			Lil	lian M.	Layton	
1	(Yes, no, or unknown	wn) (If yes give	war or dates of service)	b. SOCIAL SECURITY NO. 21526-753	17. INFOR	MANTS. Virg	ginia	L. Steppess Rt.	# 1 geley, W. Va.	
-	18. CAUSE O		ly one couse per line f						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	_
н		DEATH WAS CAUSE	D DV		HEMOI	PERICARD	LUM		MINUTES	_
	812	IMMEDI		A CONSEQUENCE OF					1111101110	_
	Canditians, if	any, which gave)	A CONSEQUENCE OF	RITE	TURE OF H	TEART		MINUTES	
н		diate cause (a),		A CONSEQUENCE OF	2002	10100 01 1	TEMPLET		MINUIES	_
1	last.	nderlying couse)	W COUNTROLING						
1	PART 2. OTHER	SIGNIFICANT COND	OITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	TED TO THE T	ERMINAL DISEASE O	R CONDITIO	ON GIVEN IN PART 1(0)		==
1	2 7/64									
, 1	190. DATE OF	OPERATION	198	b. CONDITION FOR WHICH	OPERATION				20. AUTOPSY?	
/	190. DATE OF C			WAS PERFORMED?					YES X NO	
				URY Manth, Day, Yeor	21c. HOW	INJURY OCCURRED	(Enter notu	ure of injury in Part 1 ar Part 2, Iter	m 18.)	
3	PRIMARY X C	OR CONTRIBUTING	HOUR A.M.	pril 2119 68	חפת	TVER TN T	WO C	AR ACCIDENT		
5	21d. INJURY O	CURRED 21e	PLACE OF INTERV (At h	ome form street	21f. LOCAT	ION Street ar R.F.D. I	No.	City or Town	County State	
T	WHILE AT WORK	NOT WHILE TO ME	ortary, office building, e	RT ##)		IDOE 2. DO	4 1.	O CUMBERLAND ALI	EGANTE NO	
1	220 1	cortify that I	ook charge of the	remoins described ob	ove held	n Autoney WY	# /I	spection XX Inquiry X	ond in my opinio	on
Т				, Accident X						211
T		1		7	,	CHIEF MEDIC				
1	ACTUAL SIGNATURE'S	Dene	diet Si	Etareli				AMINER 22b. DATE S		
	EXAMINER'S	DE				DEPUTY MED	ICAL EXAM	INER X APRIL	21, 1968	_
	NAME (Type)			TARELIC, M.	D.	ADDRESS(Stre	eet, city, to	own, or county) CUMBERLAN	ID MARYLAND	
1	23a. BURIAL, CREMA	15 4	DATE	23c. NAME OF CEMET	ERY OR CREA	MATORY		. LOCATION (City or Tawn) (
L	BMOYELER		1/24/68	Hillcres:	t Buri			Cumberland, All	- W - W	
1	24. FUNERAL DIRECT		0	ADDRESS	11	2So. RE	C'D BY RE			
	H	· wayne	George Ci	umberland, I	vict.	DATE	APR	2 5 1968 Jan	when Juage	



05020

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

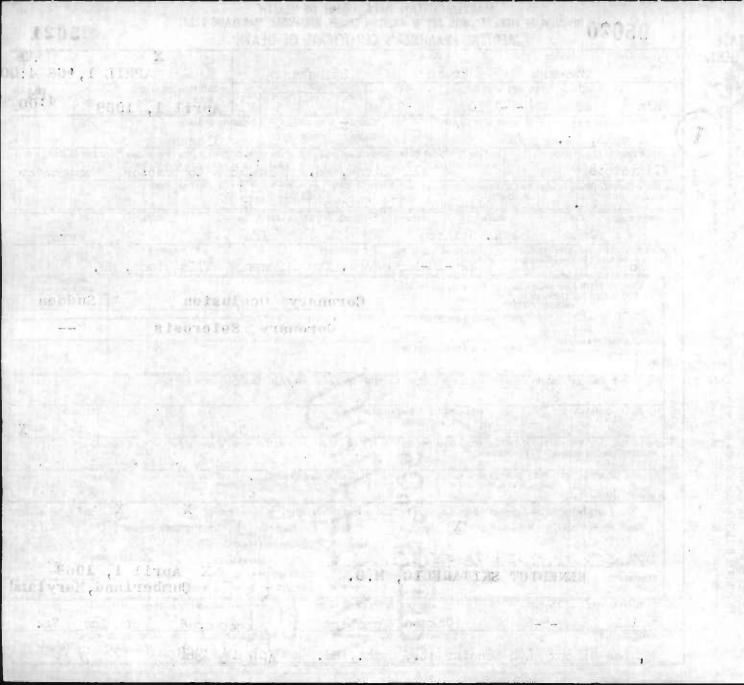
05021

1. DECEASED-NAME (Type or Print)	First	0.5	Middle	Last		2a. DATE KNOW	VN Manth	Day Year	2b Hill R
(Type of Fillit)	Stewar	rt	Bryan	Stin	son	OF ESTI DEATH MATI	DAPRI	L 1, %6	8 4:0
3. SEX	4. RACE	5. DATE OF BIR	TH 6. AGE	(In years IF UNDER 1 YE) orthday) MONTHS CA		ZC. DATE INDITE		74.00	4 PMOUR
Male	White	4-5-19:	10 57	YRS.	HOUKS	April	1 Day 19	68 ^{Year} 19	4:00
a. BIRTHPLACE (State		b. CITIZEN OF WH	AT COUNTRY?	MARRIED NEVER	MARRIED 🗌	9. COUNTY OF DEATH			
ountry)Arvoni	ia, Va.	USA		hand	OIVORCED 🔲	Allegar	ly		M
O. CITY OR TOWN C			, , II A	STITUTION (If not in hasp	ital 12a. USL	UAL OCCUPATION (Kind		12b. KIND OF BI	
Flintsto			1, 7771	itstone, Md		nast of working life, ex		INDUSTRY Contr	actor
3a. USUAL RESIDEN admission) STATI		d lived, if institu	tian: Residence befare		13d INSIDE CITY LIN		NUMBER		
	MQ.	13b. COUNTYA		lintstone	YES NO) <u>v</u>			
4. FATHER'S NAME	First	Middle		1S. MOTHER'S	MAIDEN NAME	First	Middle	l	.ast
	John		Stinson		Ic	da		Max	rey
	VER IN U.S. ARMED F	ORCES? var or dates of service)	16b. SOCIAL SECURITY NO		m 4 . 4		DDRESS		
(Yes, no or unknow	(,65 g		226-18-423	0 Mrs. Iv	y Stinso	on Flint	stone,		
18. CAUSE O	F DEATH (Enter ani	y ane cause per li	ne far (a), (b), and (c).)					APPROXIMA BETWEEN ONS	ATE INTERVAL SET AND DEATH
PARI I.	DEATH WAS CAUSED IMMEDIA	TE CAUSE (a)		Coron	ary 0	cclusion		Sudo	len
4-10	29	DUE TO, OR	AS A CONSEQUENCE OF	Co		Colones	4		
	any, which gave diate cause (a),	(b)		CO.	ronary	Scleros	18		•
stating the u	nderlying cause	DUE TO, OR	AS A CONSEQUENCE OF						
last.	,	(c)					58511		
	SIGNIFICANT CONDI	TIONS CONTRIBUTI	NG TO DEATH BUT NOT	RELATED TO THE TERMINA	L DISEASE OR CO	ONDITION GIVEN IN PART	1(a)		
4201									
19a. DATE OF C	OPERATION		19b. CONDITION FOR WI WAS PERFORMED?	HICH OPERATION				20. AUTOP	
			7					YES	NO X
	CAUSE WAS OR CONTRIBUTING		INJURY Manth, Day, Year M.	21c. HOW INJURY	OCCURRED (Ente	er nature af injury in Po	rt 1 or Part 2, It	em 18.)	
CAUSE OF DEA	TH	P.1	M. 19		10114		ALLE		113
ETG. MOOKT O		LACE OF INJURY (A tary, affice buildin	At hame, farm, street,	21f. LOCATION Str	eet ar R.F.D. Na.	City or Tav	m	County	State
AT WORK	NOT WHILE TOE		9,,						-11
22a. I	certify that I to	iak charge af tl	ne remains describe	d above, held on A	utopsy,	Inspection ,	Inquiry 🔀	and in	my apinion
death re	esulted fram:	Natural cous	ses X, Accident	, Suicide	, Hamicide	, Undetermi	ned manner		
- S	0	, ,	0,1	7 ME TO	CHIEF MEDICAL EX	XAMINER			
ACTUAL SIGNATURE	Denic	tecto	Kitarel			AL EXAMINER	22b. DATE		
EXAMINER'S	BENEI	DICT SK	ITARELIC,	M.D.	DEPUTY MEDICAL		pril 1		
NAME (Type)					ADDRESS(Street,	city, tawn, ar caunt ©1	mberla	ind, Mar	ryland
23a. BURIAL, CREMA	ATION, 23b.	DATE	23c. NAME OF C	EMETERY OR CREMATOR		23d. LOCATION (City	ar Tawn)	(Caunty)	(State)
REMOVAL (Spe- Burial	4-2	-68	Oakwood	l Cemetery	(E)(E)	Richmond	Hen	rico	Va.
24. FUNERAL DIRECT	TOR		ADDRES	S	2Sa. REC'D		b. REGISTRAR'S		108
H. Lee	Silcox	LOL De	catur St.	Cumb. Md.	DATE A D	R 4 196B	fille	may have	0

VR A15ME (5) 10M REV. 1/68

5 may be retained far yaur files.

O DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05822 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE KNOWN X Manth Yeor (Type or Print) OF ESTI-21,1968 APRIL af, DEATH MATED ROBERT CHARLES Department 6. AGE (In years 2d. Hour 9:25 4. RACE IF UNDER 24 HRS 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD pup PM3. last birthday) de YRS 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign MARRIED MINEVER MARRIED 9. COUNTY OF DEATH DIVORCED WIDOWED Give Pages ALLEGANY with the State EMPORTHM 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital er death 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY MEMORIAL HOSPITAL LABORER CONSTRUCTION death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY admission) STATE HYATSVILLE YES # NO 1509 MADISON AVE. haurs land 2 in Item 1 after First Middle 14. FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME Middle GEORGE TILBERG ELLEN HARPSTER TILBERG haurs pages 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** pencil (Yes, no, or unknown) (If yes give war or dates of service) GEORGE TILBERG EMPORIUM PENNA. E APPROXIMATE INTERVAL = within be executed CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH Medical PART I. DEATH WAS CAUSED BY pending CRUSHED CHEST MUM SUDDEN IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove (AUTOMOBILE ACCIDENT rise to immediate couse (o), ward certificate shauld DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 writing the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [pe certificate 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 shauld shauld PRIMARY OR CONTRIBUTING CAUSE OF DEATH MEDICAL EXAMINER: 9:25 M. April 219.1968 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f, LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) age Page RT .#40. two miles west of W FLINTSTONE ALLEGANY. for FUNERAL DIRECTOR: 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X. Inquiry XX and in my apinian the funeral director. Natural causes Hamicide death resulted fram: Accident X Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE APRIL 21. 1968 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** may SKITARELIC. BENEDICT M.D. ADDRESS(Street, city, tawn, or countOUMBERLAND, MARYLAND NAME (Type) 0 BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) **1968** BURIAL NEWTON CEMETERY 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTBAR'S SIGNATURE VR A15ME (5) COPPERSMITH FUNERAL HOME EMPORIUM 10M REV. 1/68

55030 APPROPRIATE SELECTION OF PRESENTATION CAN CONTRIBUTE VEHICLE CONTRIBUTE TRANSPORTED TO THE PROPERTY OF The result of the control of the con Court of The Care THE PERSON OF THE PROPERTY OF THE PERSON OF Tellasamphing for Es at The dit. 05022

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

05023

	ECEASED-NAME	First		Middle		Last		DATE OF C		1	2b. HOUR
(Type ar print)	KRE ER	NEST	В.		TREAT		4	Manth 20 Day	68 Year	10:4
3. SI	EX		4. RACE			S. DATE OF BIRTH			6. AGE (In years	IF UNDER 1 YEAR	R IF UNDER 24 HRS.
	MALE		WH	ITE		7-30-09			last birthday)	MONTHS DA	YS HOURS MIN.
a.	BIRTHPLACE (Stote or fo	oreign 7	b. CITIZEN OF WH		8. MARRIED	NEVER MARRIED	9. CO	UNTY OF I	DEATH		
JUI	PENNA.		U.S.A.		WIDOWED			LEGAN	1Y		M-
. (CITY OR TOWN DF DEAT		give s	ME OF HOSPITAL OR INS		nat in haspital 12c	. USUAL OCC	UPATION (Kind of work done		OF BUSINESS OR
	CUMBERLAN							NAGE	(e, even if retired.)	INDUSTRY	
3a.	USUAL RESIDENCE (Whatesian) STATE		lived, if instituti	an: Residence befare	13c. CITY O	1450	DE CITY LIMITS?		EET AND NUMBER		
um	MD MD		136. COUNTY	LLEGANY	CUM	BERLAND YES	NO [704	PIEDMONT	AVE.	
4.	FATHER'S NAME F	rst	Middle	Last		S. MOTHER'S MAIDEN N	IAME First		Middle		last
	JE:	SSE		TRE	AT		ELIZA	BETH	ANN		BOSARD
6a	. WAS DECEASED EVER	N U.S. ARME	D FORCES?	16b. SOCIAL SECURITY I	NO. 17.	INFORMANT			Address		
1	Yes, na, ar unknawn) Yes	(If yes give war	or dates of service)	208-09-97	55	SACRED HEAD	RT HOS	P	CUMBERLAN	D. MD.	•
-		(Enter only	one couse per lin	ie far (a), (b), and (c).	1		7718				ROXIMATE INTERVAL
	PART I. DEATH V	VAS CALISED	RY-	arten		to 1	each 1	non	7-0	BETWEE	EN ONSET AND OFATH
	412.1	IMMEDIATI	E CAUSE (a)		0200	10101	00010			7	Jean-
	Canditians, if any, w	hich agus \	DUE TO, OR A	S A CONSEQUENCE OF	1-	5.0	y Dd	as.	A .	altz.	- 1000
	rise ta immediate c				reus	101, Es seu	reas s	acre	weedow,	/	aprice.
	stating the underlyi		DUE TO, OR A	S A CONSEQUÊNCE OF							
	last.44	,	(c)								
	PART 2. OTHER SIGNI	0	0	TING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DISEA	SE OR CONDIT	ION GIVEN	IN PART 1(a)		
2	anton		autron,	left c to	fut	bluple	pa				
É	19a. DATE OF OPERATION	ON 196. CO	ONDITION FOR WHI	ICH OPERATION WAS PE	RFORMED	20a. ĄČTOPSY?	*		YES, WERE FINDINGS O OF DEATH?	ONSIDERED IN	N CERTIFYING
CERTIFICATION						YES 🗀	NO 🗌	CAUSES	UF DEATH?		
	21a. ACCIDENT WAS					OW INJURY OCCURRED	(Enter natur	e af injury	in Part 1 ar Part 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING (If either, notify med			Manth Day Year							
MEL	21d. INJURY OCCURR	ED 21e. P				OCATION Street or R.F	F.D. Na.	City o	ır Tawn	County	State
	While Nat while at wark			OFFICE BUILDING, ETC.	/					100	
	22a L certify the	nt (I) (this	hospital) otte	anded the decense	ed from		1960	to	HFM1/20019	60 th	at (1) Kwello
	sow the de	ceased oliv	ve on	1/20	962,01	nd that in (my) (au	r) opinion	deoth or	curred on the do	te ond hou	ur and from th
	causes state	ed obove,	(I) (we) (did)	(did nat) view the	body after	death.	,				
	22b. SIGNATURE	10-1-1		1 11.0	7	ATTENDING 17	MED.	The V		DATE SIGNED	/ 1
	XIVIU	lese	rean	1 41	DEG	REE PHYS.	DIRECTO	IR 🗌	STAFF PHYS. \Box 4	122/6	5
	22d. PHYSICIAN'S					22e. ADDRESS	05	1 1	reens 1	5%	1
	NAME (Type)	DR. WE	ISMAN			Comp	er (ac	ed .	Mac	/ du	1
3a	. BURIAL, CREMATION,	23b. DA	ATE .	23c. NAME OF	CEMETERY O	R CREMATORY	23d.	LOCATION	(City ar Tawn)	(Caunty)	(State)
	Burial (Specify)	23	Apr 68	Hiller	est Br	rial Park	Ca	mber	land Alle	gany	Md.
24.	FUNERAL DIRECTOR			ADDRESS			REC'D BY REG	ISTRAR	1968 REGISTRAD	SIGNATURE	
	SILCOX	FUNERA	L HOME.	CUMBERLAN	D, MD	• DATE	APR	24	1200	iarles	Jugge
					,	UAIL	1		U		4 V

VR A15 (4) 30M REV. 1/68

to Hospital OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hou(s at

41:01	20 6	4	T.A.S.A.T	. 8.	te. L. ent	
		3		= T +:		- 10
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	1111	FEDOLION LIN	HCSPITAL	Since the Part	.611	145411
	.397 THISITES	x 704 F1	CU DELLEND	YLADEJJY		
115459	hit.	HTECA. 111		rn_	188.	,
* 1						

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

0	5023	DIVISION OF VITAL		TIFICATE OF		ic, mairiba	10 21201	050	24	
DECEASED-NAM (Type or print			Middle V.	Last TREXLE		DATE OF DEATH	onth 18 Day	68 ^{ear}	2b. HOUR 063 OA	
3. SEX	ALE	4. RACE WHITE		S. DATE OF BI		6. AG	E (In years birthdoy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	
10. CITY OR TOW	VIRGINIA	7b. CITIZEN OF WHAT COU U.S.A. 11. NAME OF	HOSPITAL OR INSTITUT	ARRIED NEVER MAR DOWED DIVOR ION (If not in hospitol DSPITAL	CED 120. USUAL OC	ALLEGAN CUPATION (Kind warking life, ev	Y COUNT	12b. KIND OF INDUSTRY	M BUSINESS OR	
13a. USUAL RESI odmission) STA	DENCE (Where decease TEMARYLAND	d lived, if institution: Res 13b. COUNTY ALLE	idence befare 13c.	CITY OR TOWN	3d. INSIDE CITY LIMITS? YES NO	13e. STREET AF 509 C	ND NUMBER	AVENUE		
14. FATHER'S NA	GRANT	Middle	Last TREXLER	IS. MOTHER'S MA		CE	Middle	TREX		
Yes, MAS DECEA	SED EVER IN U.S. ARM knawn) (If yes give wo		0 -32 -4922	17. INFORMANT HOSPITAL	RECORDS -	-CUMBERL	Address 9			
18. CAUSE PART	OF DEATH (Enter and I. DEATH WAS CAUSED IMMEDIA	y one cause per line far (BY: TE CAUSE (o) RIGHT	a), (b), and (c).) VENTRICU	LAR FAILUR	E				INTERVAL ISET AND DEATH	
rise ta im	Conditions, if ony, which gove rise to immediate cause (a). UE TO, OR AS A CONSEQUENCE OF COR PULMONALE (b) DUE TO, OR AS A CONSEQUENCE OF COR PULMONALE (b) DUE TO, OR AS A CONSEQUENCE OF									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)									EARS	
19a. DATE C	F OPERATION 19b. 0	ONDITION FOR WHICH OPE	RATION WAS PERFORA	YES 🗆	NO 🔀	CAUSES OF DE	ATH?	CONSIDERED IN CE	RTIFYING	
₹ □ OR CONTR	ENT WAS UNDERLYING CAUSE OF DEATH natify medical examin	HOUR A.M. Monter) P.M.	th Doy Yeor 19	21c. HOW INJURY OCC		ure af injury in P	art 1 or Port 2,	Item 18.)		
While of wark	of work	PLACE OF INJURY (AT HOM OFFICE				City or Tov		Caunty	State	
22a. 1 c	the deceased al	s haspital) attended ive an	1719_6	💆, and that in (m	2, 19 <u>54</u> y) (aur) apiniar	, ta <u>4</u> death accurr	ed an the do	ate and havr o	(I) (we) la and fram th	
22b. SIGNA	R	6. Bru	1 Hardway 1	DEGREE ATTENDIM PHYS.	○ DIRECT	OR STAF	f \square	DATE SIGNED 4-18	3-68	
	(Type) DR. R.	W. BALLIN		62	GREENE S					
230. BURIAL, CR REMOVAL (Buri 24. FUNERAL DI	Specify)	ATE 11 21, 196	Olivet	Cemetary 21502		orefiel			(State) Va.	
		DME-121 MEM			DAMPK 2			Les Vers	ec.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers, Pages and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 fours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 30M REV. 1/68

TERRY FURZERL MANGHERIZI MEMORIAL AVE., CURI., DA

76.	5(-41-10	2010	5 J*H
LL.CANY COUNTY,			1000.17
		ON TOWN TO DAY	co rhentono_
SUP CENTIFIE AVENUE	X MALIBERS	virtace. A	1Y; 4.
· · · · · · · · · · · · · · · · · · ·	·ernt,		THATO.
-ÇUNSELINS, No. 21502	- HOST 1111 C	7.6, 1-707.	
S) 13.1 6	IR FILLIPSE	TARIEUT VENTRICUL	
28,77		FIF IPFIUS ROI	
S51.21.21	רווים דני גוכעוניטו	FIEDOSIS FOLLO	
	Y		
	() -	1 - 1	
. ∩–81 <i>–4</i> 1			XX 15

05024

PM3

Office alang with farm

24 hours

be executed within

This certificate shauld

SICAL EXAMINER:

Departmen pages 1 and 2 with the State after death haurs in any event within ar remaval, nsed 3 shauld crematian, priar ta burial, Health

in pencil in Item 18. Give Pages writing the ward please execute the certificate. FUNERAL DIRECTOR: Page the funeral 0

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

05025 1. DECEASED-NAME (Type or Print) First Middle Lost 20. DATE KNOWN 2b. HO George McClellan 1 M DEATH MATED 6. AGE (In years 4. RACE 3. SEX 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Male White 9/25/06 1 PM 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Y 9. COUNTY OF DEATH Maryland Allegany WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) Cumberland 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Cumberland, 20 Wineow St. YES X NO Middle 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First John Twigg Isabella Klipstein 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Cresaptown. Md. (Yes no, ar unknown) 214-05-8591 Mr. Francis Box

18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line for (a), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	E CAUSE (a)	BRON	CHOGENIC CAR	CINOMA	
Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	WITH	GENERALIZED	METASTASIS	MONTHS
rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF				10000
last.	(c)				
PART 2. OTHER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)	
1/2/					

19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES A

21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. PRIMARY OR CONTRIBUTING

MEDICAL CAUSE OF DEATH

21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County foctory, office building, etc.)

WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy XI, Inspection T. Inquiry and in my apinian

death resulted fram: Natural causes Accident . Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER

ACTUAL

SKITARELIC. M.D.D

22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER XX APRIL 17. 1968

ADDRESS(Street, city, town, or countycumberland, maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)

BREMOVAL (Specify) 4/20/68 Hillcrest Burial Park 24. FUNERAL DIRECTOR ADDRESS

2Sa. REC'D BY REGISTRAR

Allegany Cumberland. 2Sb.

NO F

State

VR A15ME (5)

NAME (Type)

23g. BURIAL CREMATION.

H. Wayne George Cumberland. Md.

10M REV. 1/68

28880 17681 17, 1060 1 Double to . Some free destroyed to the continuent of the time of the late that the continuent of the MANY SERVERSE

DIVISION OF VITAL RECORDS 301 W PRESTON STREET BALTIMORE MARYLAND 21201

er deoth.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Poge 4 may be retained by the hospital or attending physician.

		05025		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C	ERTIFICA	TE OF D	DEATH		11201	0.5	026
	(1		First KNOVA		Middle	TWI			2a. DATE OF	IL Day	I968	2b. HOUR P. M. 3:20
	3. SE	MALE		RACE WHITE			8-4-			6. AGE (In yeors last birthday) 58 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
T. A	7a. E	IRTHPLACE (State or factor) MARYL		CITIZEN OF WHAT C		WIDOWED [ED 🗌	9. COUNTY OF ALLE	GANY		Mo
20	-	ITY OR TOWN OF DEA	(ID	give street				during mo	st af warking	(Kind of wark done life, even if retired.) LOVED REET AND NUMBER	12b. KIND OF INDUSTRY	BUSINESS OR
01	13o. odmi	USUAL RESIDENCE (WI ssian) STATE MA	RYLAND	ved, if institution: 1 3b. COUNTYALL	Residence befare EGANY	13c. CUME	OWN ERLAN	INSIDE CITY LIN	AITS? 13e. ŜT	REET AND NUMBER 303 LAFA	YETTE	AVE.
1	14. F		ASHBY	Middle	TWIGO		MOTHER'S MAI		RIDA	Middle	SHR	last YROCK
	16o. Y	WAS DECEASED EVER es no or unknown)	IN U.S. ARMED F		. SOCIAL SECURITY N		ORMANT EMORT	AL HO	SPITA	Address CUMREDI	AND	MD
		18. CAUSE OF DEATH	H (Enter only on WAS CAUSED BY: IMMEDIATE CA	-7	r (a), (b), and (c).)				ensel.	unster	AJPROXI	MATE INTERVAL DISET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a). (b) (b) (b)										bhts
		stating the underly		DUE TO, OR AS A	CONSEQUENCE OF					733		
	N	PART 2. OTHER SIGN	FICANT CONDITIO	ONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO	THE TERMINAL	DISEASE ORC	ONDITION GIVE	N IN PART 1(a)		
X	CERTIFICATION	190. DATE OF OPERATION	ON 19b. COND	ITION FOR WHICH O	PERATION WAS PER	FORMED	20o. AUTOP:	SY?		YES, WERE FINDINGS C OF DEATH?	ONSIDERED IN C	ERTIFYING
	MEDICAL CER	21o. ACCIDENT WAS OR CONTRIBUTING (If either, natify med	CAUSE OF DEATH	HOUR A.M. M. P.M.	JRY anth Doy Year 19	21c. HOV	V INJURY OCCU	RRED (Enter	noture of inju	ry in Port 1 or Port 2,	Item 18.)	
	-	21d. INJURY OCCURR While Nat while of wark at wark	ED 21e. PLAC	E OF INJURY (AT H	OME, FARM, STREET, FACTO CE BUILDING, ETC.	ORY.) 21f. LOC	ATION Street	ar R.F.D. No.	City	ar Tawn	Caunty	State
		22a. I certify th	at (1) (this ho	on ass	ed the deceosed 22 19 nat) view the b	6 and	that in (my	, 19 <u>/</u>) (our) opii	nion death o	occurred an the do	te ond hour	(I) (we) las
		22b. SIGNATURE	Man	p. L	mer	# DEGRE		DI DI	ED. RECTOR		DATE SIGNED	1968
1		22d. PHYSICIAN'S NAME (Type)	DR. c	LAY DUI	RRETT		22e. ADDRI	BERL	AND, M			
36-	230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Apr. 2	25,1968	23c. NAME OF C					ON (City or Town) Own, Alle	(County) gany, Mo	(Stote)
(4)	24.	FUNERAL DIRECTOR	F. Scar	rpelli,	Cumberla	and, M		DATE AD	Y REGISTRAR	2Sb. REGISTRAR'S		

33384 05020 · Land grant of the last a street of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05026 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print) Harry R. Uphold S. DATE OF BIRTH 6. AGE (In years 3. SEX 4. RACE last birthday) White 6/14/1888 Mal e 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED THE NEVER MARRIED WIDOWED DIVORCED Maryland within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within during most of working life, even if refired.)

Retired Miner give street address) Lonaconing event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY Detmold Street Lonaconi and in ony 14. FATHER'S NAME Middle Last MOTHER'S MAIDEN NAME First James Uphold Clema Mav 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address burial, cremation, or removal, 220-03-7083 Mrs. Bessie Uphold Lonaconing, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any/which gave ; burial-tronsit rise ta immediate cause (a), DUE TO, OR, AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or attending physician. stating the underlying cause. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been De detached for use os the State Dept. of Health prior to 20a. AUTOPSY? CAUSES OF DEATH? YES [NO 🗌 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Day (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Nat while at wark director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did not) view the body ofter death.

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HDW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) County State 22a. I certify that (I) (this haspital) oftended the deceosed from _______, 19_60, ta_______, 19_6x, that (I) (we) lost saw the deceased alive an _______, 1960 ond that in (my) (aur) apinion deoth occurred on the date and hour and from the 22b. SIGNATURE 22c. DATE SIGNED 22e. ADDRESS 22d. PHYSICIAN'S LONACONING NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION (County) (State) REMOVAL (Specify) Frostburg Memorial 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE George Eichhorn Lonaconing, Md. DATE

05027

12b. KIND OF BUSINESS OR

Tasker

Coa]

2b. HOUR

VR A15 [4] 30M REV. 1/68

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without your sales	ej?- biolo	Bomol.
	O elean, ew 160 - Ki-0 Dallo	

4/9/1968

George Eichhorn

ADDRESS

Lonaconing, Md.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05028 2b. HOUR 2a. DATE KNOWN Month Day DEATH MATED APRIL 7.1968 12:15 2c DATE PRONOUNCED DEAD 24 MPUR Allegany 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 13e. STREET AND NUMBER Middle Mason **ADDRESS** Lonaconing, Md. Sister APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2-3 DAYS 20. AUTOPSY? YES 🗍 NO [City or Town County State Inquiry XX and in my apinian Undetermined manner 22b. DATE SIGNED APRIL 7, 1968 ADDRESS(Street, city, town, or councumberland, Maryland 23d. LOCATION (City or Town) (County) (State) Lonaconing, 2Sq. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE Milarles &

24. FUNERAL DIRECTOR

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	.51 ,==	ricompod (pros	George Lich

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DECEASED-NAME

MARYLAND STATE DEPARTMENT OF HEALTH

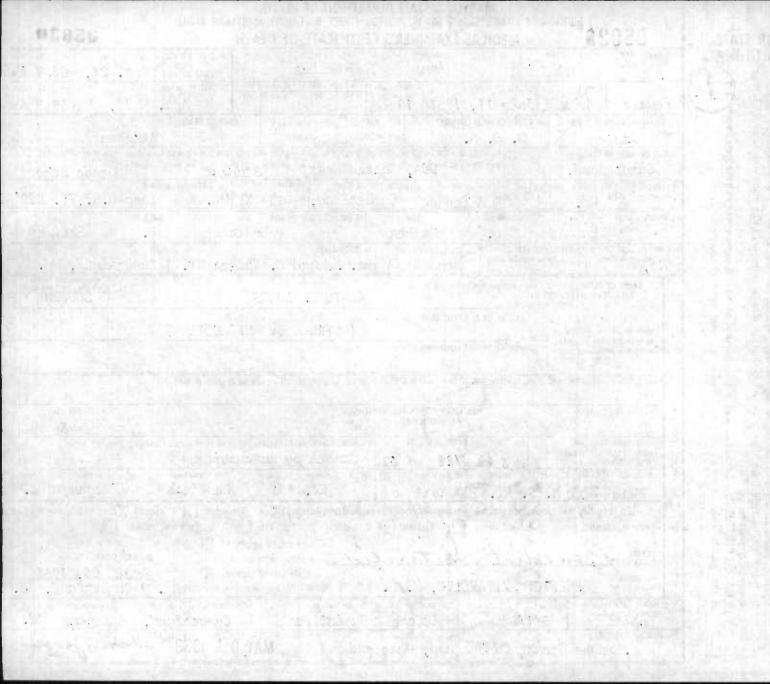
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05029

1	1. DECEASED-NAME	Firs		Middle	ATTACK NOV	Last	1	20. DATE KNOWN M	onth Day	Yeor	2b. HOUR
	(Type or Print)	E	mma	I.	Wa	alker		OF ESTI- DEATH MATED A	pr.8	1968	34:15M
A	3. SEX	4. RACE	5. DATE OF BIR	TH 6. AG	E (In years IF UNDE birthday) MONTHS	R I YEAR IF UNDER	R 24 HRS	2c. DATE PRONOUNCED DEA	AD		2d. HOUR
A	Female	White	Nov.27	7,1892 75		OATS HOOKS	min.	Manth Apr. Day	8	rear 1968	4:15
	7a. BIRTHPLACE (Sta		7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIED [NEVER MARRIED		NTY OF DEATH			0.1
		land	US		WIDOWED 🔀	DIVORCED [legany			Md.
7	10. CITY OR TOWN C		11. N/give s	ME OF HOSPITAL OR INtreet oddress) D. O.				CUPATION (Kind of work d	ed.) 12b. INDUS	KIND OF BUS	Home
	13a. USUAL RESIDER odmission) STAT	Md •	sed lived, if institu 13b. COUNTY	tion: Residence before		land YES		13e. STREET AND NUMBER Mexico Fa	ırms		
	14. FATHER'S NAME	First	Middle	Last		HER'S MAIDEN NAME		Middle		los	t
		Harry	Troup			Mary	Jan	e Troup			
	16a. WAS DECEASED E (Yes, no, or unkno	wn) (If yes give	war or dates of service)	16b. SOCIAL SECURITY N	Mr.	MANT Tuther		ADDRESS Walker, Cum	berla	Son nd. N	Md.
	18. CAUSE O PART I.	F DEATH (Enter on DEATH WAS CAUSE IMMEDI	ilγ ane cause per li D BY: ATE CAUSE (a)	ne for (o), (b), ond (c).	CORONAL	RY OCCLI				APPROXIMATE BETWEEN ONSET UDDEN	INTERVAL AND DEATH
	rise ta imme	anγ, which gave diate cause (a),	DUE TO, OR (b)	AS A CONSEQUENCE OF	COF	RONARY	SCLEI	ROSIS			
	lost.	nderlying cause	(c)								
	PART 2. OTHER	SIGNIFICANT CONE	DITIONS CONTRIBUTI	NG TO DEATH BUT NOT	RELATED TO THE TE	RMINAL DISEASE OR	CONDITION	N GIVEN IN PART 1(a)			
2	19a. DATE OF 21a. EXTERNAL	OPERATION		19b. CONDITION FOR W WAS PERFORMED?						20. AUTOPSY	r? No.¼ ™
		OR CONTRIBUTING [r 21c. HOW I	NJURY OCCURRED (E	nter natur	e af injury in Part 1 ar Par	rt 2, Item 18.	.)	
	21d. INJURY O		PLACE OF INJURY (A ectary, affice building	At home, farm, street, g, etc.)	21f. LOCATIO	ON Street or R.F.D. No	0.	City or Town	Cou	inty	Stote
		certify that I test test the suited from:		ne remoins describe es 🔼 , Acciden				pection 🔼, Inquir Undetermined mon		ond in m	y op i nion
	ACTUAL SIGNATURE,	Bene	diet x	Skitare	lie 1	CHIEF MEDICAL A.D. ASSISTANT MED	DICAL EXAM	WINER . 22b.	DATE SIGNE		58
-	EXAMINER'S NAME (Type)	חד. ד		Skitareli		DEPUTY MEDICAL ADDRESS (Street	et, city, tav	vn, or county) Rt.	9 Cum		
	23a. BURIAL, CREMA REMOVAL (Spe Burial		DATE pr.11,19		CEMETERY OR CREM			LOCATION (City or Town) Cumberland, ISTRAR 2Sb. REGISTR			tate)
	24. FUNERAL DIRECT	or F. Sca	rpelli,	Cumberla	nd, Md.	2Sa. REC	D BY REG		RAR'S SIGNAT		

THE RESIDENCE OF THE PROPERTY 25030 STREET, BUTTLE BUTTLE STREET, The second secon



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05030 05032 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOURD (Type or print) Month FREDERICK WATKINS 4. RACE IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years 3. SFX last birthdoy) 01-20-08 MALE WHITE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign MARRIED XX NEVER MARRIED country)ALABAMA WIDOWED | DIVORCED U.S.A. ALLEGANY COUNTY 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) SACRED HEART CUMBERLAND 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY YES ALLEGANY MT. SAVAGE RT. #1, BOX 21 IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Lost Lost WATKINS WILLIAM BIELETZ. MARY WATKINS Address 900 SETON DR. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) Yes, ng, or unknown) 212-1-9130 HOSPITAL RECORDS - CUMBERLAND, MD. 21502 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond,(c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO A YES T

21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

City or Town

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, notify medical examiner)

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 1 / Ups, 1968, to 17 dex, 1968, that (1) (we) last saw the deceased glive on 17 Com 1967, and that in (my) (aur) apinian death accurred an the date and haur and fram the

causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE

22c. DATE SIGNED MED. DIRECTOR 4/18/68

County

(County)

Stote

(Stote)

22d. PHYSICIAN'S NAME (Type) DR. F. W. MILTENBERGER 22e ADDRESS 122 S. CENTRE ST. CUMBERLAND.

23b. DATE 23o. BURIAL CREMATION BURIAL (Specify) 24. FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY SUNSET MEMORIAL PARK

23d. LOCATION (City or Town) CUMBERLAND, MD

MU. 21532 DURST FUNERAL HOME-57 FROST AVE., FROSTBURG,

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death buriol-tronsit os the O FUNERAL DIRECTOR: After this certificate has been for use be retoined director,

please remove corbon

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STEP TER HERITAL RECIPOS CON STLIND, No. 41502

₩LLEGAHY ROURTY,

CHOSELLERY STOLER REAM HOSELING FERENCE

MY YEAR SELECTIVE MY. SA MGE M (1.71, 30% Z)

THELION SETTEM. SHELTERS, RENY SOLVERIES.

05033

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05031 05033 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUA IV (Type or print) WHISNER CORA 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. WHITE 3-26-1892 FEMALE last birthday) MONTHS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) Maryland USA ALLEGANY WIDOWED [DIVORCED [IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY CUMBERLAND HOSPITAL 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? ANITSb. COUNTY AL CUMBERLAND YES X 1310 LEXINGTON AVENUE 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost JOHN GORDON DELLA BELTZ 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no, ar unknown) MEMORIAL HOSPITAL. CUMBERLAND. MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County

and in ony event, within 72 hours after physicion and completely filled in by the please remove carbon papers. removol, en permit. cremation, or burial-tronsit signed h buriol, os the ottending has been prior to for use Health O FUNERAL DIRECTOR: After this certificate by the hospitol be detached Stote Dept. be retained should director,

30M REV. 1468

funerol

requires that the death certificate be executed within 24 hours after

TENDING

23a. BURIAL CREMATION. REMOVALTES PROTESTED

NAME (Type)

22b. SIGNATURE

22d. PHYSICIAN'S

While Nat while at wark at wark

> 23b. DATE Apr. 12, 1968 Rest Lawn Mem. Gardens Cumberland

causes stated abave, (1) (we) (did) (did not) view the bady after death.

23c. NAME OF CEMETERY OR CREMATORY

CENTRE ST., CUMBERLAND, MD. 23d. LOCATION (City or Town)

STAFF PHYS.

9 - 19 68 and that in (my) four) opinion death occurred on the date and hour and from the

DIRECTOR

(County)

22c. DATE SIGNED

24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md.

DR.

sow the deceased alive an_ 4 --

ADDRESS

220. I certify that (1) (this hospital) attended the deceased from 5 - 9 - , 1951, ta 4 - 10-1968, that (1)

ATTENDING

22e. ADDRESS

122 S.

DATE

PHYS

250. RATE REGISTRAR 196856. REGISTRAR'S

(State)

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10 1968 4:	11834	WHI SHER:		3500	
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57 130	0.000		моояор		
ERLAND, ND.	רוואל, כטאנו	EOH JALTONING			
ERLAND, NO.	PITAL, CUMB				
ERLAND, ND.	ATTAL, CUMB				
ERLAND, UD.					

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05034

05032 death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral signed of should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 moy be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 1/68

	0.000		CLIVI	HICAIL OF DEATH				
	CEASED-NAME Firs	t	Middle	Lost	2a. DATE OF	DEATH		2b. HOUR
(1	ype ar print) An	drew		Wilson	1	pril D	1968	3:30 M
3. SE	X	4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male	White		March 8, 18	391	lost birthday)	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT CO	OUNTRY? 8. MAI	RRIED 🔀 NEVER MARRIED 🗌	9. COUNTY OF	DEATH		
caur	Scotland	U.S.A.		OWED DIVORCED		Allegar	ly	Md.
10. (ITY OR TOWN OF DEATH		F HOSPITAL OR INSTITUTIO			(Kind of work done		
	Cumberland	give street	oddress) 817 Cal	vin Street Ret	most of working	chinist-	de lanese	Corp
	USUAL RESIDENCE (Where dece			ITY OR TOWN 13d. INSIDE CIT	Y LIMITS? 13e. ST	REET AND NUMBER		
aami	ssion) STATE Maryla	nd 13b. COUNTY A7	legany Cum	berland YES	NO 1 81.7	Calvin S	street	
14. 1	ATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDEN NAM		Middle		Lost
	Willia	m Wilson			Isabelle			Tees
	WAS DECEASED EVER IN U.S. AF	and the state of t	SOCIAL SECURITY NO.	17. INFORMANT		Address	31 Hamp	ton Rd
	es, no, or unknown) (If yes give	2	14-07-6370	Kenneth Wilso	n	Wilming	ton, De	
	18. CAUSE OF DEATH (Enter of							MATE INTERVAL INSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY: CAUSE (o) Cor	onary Occ	lusion		12-12	1 d	ays
	4109	DUE TO, OR AS A C						
	Conditions, if ony, which gave rise to immediate cause (a)	(b) Co	ronary He	art Disease			lo	years
	stating the underlying couse		CONSEQUENCE OF					
	last.	(c)						
		ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE O	R CONDITION GIVE	N IN PART 1(o)		
NO	4201							
CERTIFICATION	19a. DATE OF OPERATION 198	o. CONDITION FOR WHICH O	PERATION WAS PERFORME	ED 20a. AUTOPSY? YES NO	CALISES	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN C	RTIFYING
	210. ACCIDENT WAS UNDERLY			21c. HOW INJURY OCCURRED (E	nter noture of inju	ry in Port 1 or Port 2	, Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DE (If either, notify medicol exan		anth Day Year		Section			
ME	at wark of wark			21f. LOCATION Street ar R.F.D.		or Town	County	Stote
	saw the deceased	his haspital) attende alive an 1-30 ve, (I) (we) (did) (did	1968	m <u>8=3a</u> , 19 L, and that in (my) (aur) of after death.	pinian death	=30, 1 accurred an the c	9 <u>68</u> , that late and haur	(I) (we) last and fram the
	22b. SIGNATURE	1. 6. Be	eei UL	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS. 220	DATE SIGNED	4
	22d. PHYSICIAN'S NAME (Type) Ralp	h W. Ball	in, M.D.	22e. ADDRESS 62 Green	/	Cumberla	and, Md	.21502
23a.		. DATE 6/3/68	23c. NAME OF CEMETE	ry or crematory t Burial Park	1	ON (City or Town)	(County)	(Stote)
24.	FUNERAL DIRECTOR	10100	ADDRESS		BY REGISTRAR	25b, REGISTRAR	'S SIGNATURE	
	H Too Silcov	Cumbon and	Manueland		MAY 6	1968 /	Carelas y	mage

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05033 05035 CERTIFICATE OF DEATH DECEASED-NAME Middle 2o. DATE OF DEATH First Lost 2b. HOUR the death certificate be executed within 24 hours after death. (Type or print) Month Doy 6 DOROTHY WILSON ADRIT 1969 ges | 3. SFX 4. RACE 5. DATE OF BIRTH 6. AGE (In years last birthday) FEMALE. WHITE MARCH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED rsician and campletely filled in please remove carban papers. I, and in any event, within 72 ha country) WIDOWED [DIVORCED [ALLEGANY MARYLAND 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.) CUMBERLAND MEMORIAL HOSPITAL 13o, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE NO X MARYT.AND IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Last NORMAN BRANT W. VILETTA PITZER 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) 22 3759 THEODORE F. WILSON CORRIGANVILLEN MD 213 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) _ Acute Coronary Occlusion minutes D DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave Ateriosclerotic Cardiovascular Disease signed by the burial-transit p months that rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF with old Posterior Myocardial Infarction stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) P.M detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County O FUNERAL DIRECTOR: After this While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 2-2-68 , 19 , ta April , 19 68 , that (I) (see) last saw the deceased alive an 19 68 , and that in (my) (or) apinian death accurred an the date and hour and from the 19_____, ta___April___, 19_68_, that (1) (we) last be retained by causes stated abave, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE

directar, shauld b VR A15 (4) 30M REV. 1/68

23o. BURIAL, CREMATION

22d. PHYSICIAN'S

NAME (Type)

REMOVAL (SPECIFY) AL APRIL 23 1968 SUNSET MEMORIAL 24. FUNERAL DIRECTOR
BYRON KIGHT CUMBERLAND, MD.

23b. DATE

OVERTON HIMMERWRIGHT

25g. REC'D BY REGISTRAR

ATTENDING

22e. ADDRESS

PHYS

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

MED. DIRECTOR

D 133 VIRGINIA AVE. CUMBERLAND MD

STAFF PHYS.

23d. LOCATION (City or Tawn)

(State)

4-22-68

(County)

CUMBERLAND 25b. REGISTRAR'S SIGNATUR

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A SECURIOR CONTRACTOR AND ASSESSMENT CONTRACTOR OF THE PARTY OF THE PA

the later of the state of the state

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05036 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR r death (Type or print) Month 30 Day 2:30B requires that the death certificate be executed within 24 hours after deat WILSON 04 EDITH 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years IE LINDER 1 YEAR 2222 2002 12-23-1892 75hday) FEMALE WHITE 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED M NEVER MARRIED 9. COUNTY OF DEATH ALLEGANY SCOTLAND USA WIDOWED [DIVORCED within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 91VSACREDSS)HEART HOSPITAL during most of Monta Wel Fren if retired.) CUMBERLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e, STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE MARYLAND 13b. COUNTY ALLEGANY 817 CALVIN STREET CUMBERLAND YESTS NO 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Last ALEXANDER CHALMERS Zel x klu Lizzie 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT CUMBERLAND, MD. SACRED HEART HOSPITAL Yes, na, ar unimown) 214-07-6370B 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DISSECTING AORTIC ANEURYSM DAY DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, crematic Canditions, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ed far use as the l of Health priar tab has been HEART DISEASE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO Y YES [O FUNERAL DIRECTOR: After this certificate the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Manth Day Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County State City or Town While Nat while at wark 220. I certify that (I) (this hospitol) ottended the deceosed from 9 - 15 , 19 54 , to 4 - 30 , 17 00 , multiply that (I) (this hospitol) ottended the deceosed from 19 - 00 , and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after deoth 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 5-1-68 DEGREE PHYS. 22d. PHYSICIAN'S DR. BALLIN GREENE ST., CUMBERLAND, MD. 21502 NAME (Type) director, 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Hillcrest Burial Park Allegany Md. Cumberland 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Milarles Judg 30M REV. 1/68 1968 H. Lee Silcox 404 Decatur St. Cumb. Md. MAY DATE

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96. 301611

EDITH B. WILEUNG CO. STORE PENCLES STATE STAT ระหาการที่ เกาะสาราช (การาช เกาะสาราช (การาช เกาะสาราช (การาช เกาะสาราช (การาช (การาช (การาช (การาช (การาช (กา LT C'.LA CURBERLAD, 18 TO THE HOSPITT OF THE STATE OF THE ENTHURINES TOTAL CREATER CREAT A PARTIC NORTH ON NORTH ON THE PARTIC NORTH ON CORONINY HEART DISENSE (5--1-5) X

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SO GREEN ST., CUMBERLAW, IV. 21502

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03033		CERTIFICA	ATE OF DEATH		0.5	037
1. DECEASED-NAME Firs	st Middle		Last	2a. DATE OF DEATH		2b. HOUR
(Type or print) GEORG	GE HENRY	WINT	ERS	04 Month 24	Doy 68 Year	7:25A
3. SEX	4. RACE		S. DATE OF BIRTH	6. AGE (In year lost birthday		IF UNDER 24 HRS.
MALE	WHITE		07 18 85	lost birthday 82	YRS. MONTHS DAYS	HOURS MIN
7o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH		
MARYLAND	USA	WIDOWED		AL	LEGANY	M
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	NSTITUTION (If no		AL OCCUPATION (Kind of work		BUSINESS OR
CUMBERLAND	give street address SACRED	HEART H	IOSPITAL during m	ast Ret 3 A Fore	man Rwy	Express
13a. USUAL RESIDENCE (Where dece admission) STATE	eased lived, if institution: Residence before	ire 13c, CITY OR	TOWN 13d. INSIDE CITY L	IMITS? 13e. STREET AND NUME	BER	
MD.	13b. COUNTY ALLEGANY	CUMBE	RLAND YES N	O 701 GEP	HART DRIVE	
14. FATHER'S NAME First	Middle Last	15.	MOTHER'S MAIDEN NAME I	irst Mic	ldle	Lost
	ORGE W. WINTERS			GERTRUDE	LONG WILTE	RS
16g. WAS DECEASED EVER IN U.S. Al	RMED FORCES? 16b. SOCIAL SECURI	ITY NO. 17. IN	FORMANT	900 AS	EFON DRIVE	
Yes, no, or unknown) (If yes give	714 10	2501 S	ACRED HEART	HOSPITAL C	UMBERLAND,	
	only ane couse per line far (o), (b), and	(c).)	. 1			DNSET AND DEATH
PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (0)	cu ft	the Juna		1/2	ean
162.1	DUE TO, OR AS A CONSEQUENCE	OF	/			
Conditions, if any, which gave						
rise to immediate cause (a) stating the underlying cause		OF			100	
last.	(c)					
PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(o)		
= 163X						
19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINE CAUSES OF DEATH?	INGS CONSIDERED IN C	ERTIFYING
RIFF			YES NO			
	EATH HOUR A.M. Month Doy Ye	еог	W INJURY OCCURRED (Ente	r noture of injury in Port 1 or I	Port 2, Item 18.)	
OF CONTRIBUTING CAUSE OF DI (If either, notify medical exart 21d. INJURY OCCURRED 21 While Not while at work	miner) P.M. Te. PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	19 , FACTORY.) 21f. LOG	CATION Street or R.F.D. No	. City or Town	Caunty	State
22a. I certify that (1) (1 saw the deceased	this haspital) attended the dece olive on	ased from 3 1968, ond he body after d	19 <i>G</i> that in (my) (our) operath.	$\frac{2}{2}$, to $\frac{4-24-}{2}$	he dote ond hour	(I) (we) las

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers, ragges V and should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 fours after deat Page 4 may be retained by the haspital ar attending physician. VR A15 [4] 30M REV. 1/68

PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE

22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

69 GREENE STREET 23d. LOCATION (City or Tawn)

STAFF PHYS.

(County) (Stote) Cumberland, Allegany Md.

4-25-64

24. FUNERAL DIRECTOR

22b. SIGNATURE

H. Wayne George

4/27/68

ADDRESS Cumberland, Id. 250. REC'D BY REGISTRAR 29 DATE

MED. DIRECTOR

ATTENDING PHYS.

DEGREE

22c. DATE SIGNED

MI TALKET			
0.4 2 1:23	25 7 111	STATE OF	FORCE
20	X 07 18 55	31117	37th
/WES3114		721	113.1.112
· AND IN SHIP IT	HE INTERNATION	SICRED	פעילי פֿפּע אים
701 SEDMULT DE 1. E	X การเกา	Y WEED WY	.0
ERTRUPE LONG VIETERS		N. MILTERS	30507 6
PITAL CURRERLAIN, M.	501 S10250 FIRT 108	6 61 412	C.1

ST . A SKEELS STREET CU-MERLIND, 11R LOWN 21502

00

O FUNERAL DIRECTOR: Page 3 shauld be used as o burial-transit permit. File pages 1 and 2 with the State Depar necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm DICAL EXAMINER: 5 may be retained far your files.

MARYLAND STATE DEPARTMENT OF HEALTH

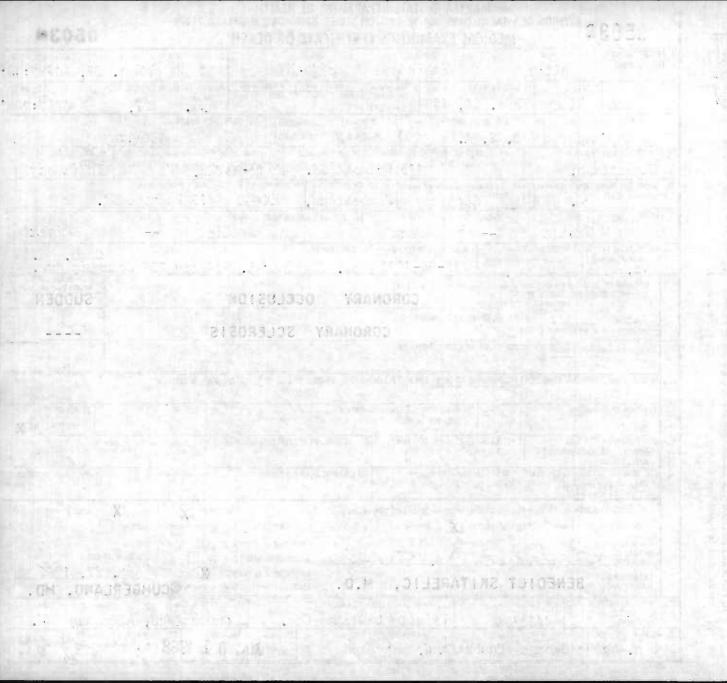
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05036 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05038

			ITILDIC	AP PARITI	HAPIT O	4 (4 1 / 1 1 1	CUIL	OI DE				144		
	CEASED-NAME (pe or Print)	First Nelli	0	Middle Virgi		(0)	lost	d		20. DATE KNO OF ES	II- A look		ear	2b. HOU
3. SE)	1	4. RACE	S. DATE OF BIR		6. AGE (In years		DER 1 YEAR	IF UNDER	24 HRS	DEATH MA 2c. DATE PROM		. 27,	1900	7:0
		White		28. 1899	last hirthday)	MONTHS	DAYS	HOURS	MIN	Amonth Apr.	Pay	Yeor 19	10	7:00
	RTHPLACE (Stat		CITIZEN OF WH		-		NEVER MAR	DIED -	o con	INTY OF DEATH		190	00	1.00
count			u. s.			DOWED K		RCED	7. 000	MIT OF DEATH	Allega	nii		
10. CI	Y OR TOWN O			AME OF HOSPITAL					SUAL OC	CUPATION (Kind	d of work done	12b. KIND O	OF BUSIN	VESS OR
	Cumberl	Land,	give :	street oddress) 4	15 Pul	aski	St.	during	masto		even if retired.)			
	JSUAL RESIDEN mission) STATE	CE (Where decease	d lived, if institu I 13b. COUNTY	ution: Residence t Allegany	pefore 13c. CIT			I. INSIDE CITY I		13e. STREET AN		C+		
							and,			413 P	ulaski.	St.		
14. FA	THER'S NAME	First	Middle		lost	IS. MOI	HER'S MAII	DEN NAME	First	Pio	Middle	C	Last	24+
14- M	AC DECEASED EN	George			ean I	17 11500	14.0.07	Section (sac	cce			wig	
	s, no, ar unknav	/ER IN U.S. ARMED FO		16b. SOCIAL SECU		17. INFOR				0 //	ADDRESS	Cimp	. M	d.
-	NO.					Mrs.	Virg	inia	Le	Gassneu	730 Co.		AU DEMAKE	C.
		DEATH (Enter only DEATH WAS CAUSED	DV.		d (c).) CORON	ARY	00	CLUS	LON			BETWEEN		ND DEATH
	41	7 9 IMMEDIAI	E CAUSE (a)	AS A CONSEQUEN			- 00	0200	1011	Territoria de la constantina della constantina d		301	DDL	14
8	Canditions, if	iny, which gave		AS A CONSEQUEN		RONA	PY	SCLE	POS	21:				
		iate cause (o),	(b)	AS A CONSEQUEN		ITOITA	14.1	JULL	NOS	13				
	last.	derlying cause	DOL 10, OK	TO IT CONSEQUEN								7.8		
1	PART 2 OTHER	SIGNIFICANT CONDIT	(c)	ING TO DEATH RIL	T NOT PELATER	TO THE T	EDMINAL DI	ISEASE DD (DITION	N CAVEN IN DAT	OT 1/a)	1		
	4201	SIONITICALLI COMPIL	IONS CONTRIBOT	INO TO DEATH DO	I NOT KERTEL) 10 IIIL 1	EKMINAL DI	DEADE DIK	UNDINO	AN OFFER IN PAR	(1)(u)			
MEDICAL CERTIFICATION	19a. DATE OF C	PERATION		19b. CONDITION		PERATION				70		20. AL	JTDPSY?	,
				WAS PERFO	RMED?							YE	S	NO X
E E	21a. EXTERNAL			INJURY Month, Da	y, Year	21c. HOW	INJURY OC	CURRED (En	ter natu	re of injury in F	Part 1 or Part 2, 1	tem 18.)		44
호	CAUSE OF DEAT	R CONTRIBUTING		M. M.	19									
WE	21d. INJURY OC	CURRED 21e. PL	ACE OF INJURY (At hame, farm, st	reet,	21f. LOCAT	ION Street	r R.F.D. No.		City or Ta	wn	County		State
	AT WORK		ary, office buildin	ig, etc.)										
	22a. I	certify that I ta	ak charge of t	he remains des	scribed abay	ve. held o	n Auta	psv 🗔.	Ins	spection 🔽	Inquiry 13	(), and	in my	apinia
		sulted fram:						Hamicid			nined manner		,	
			,	0.1				F MEDICAL		-				
	ACTUAL SIGNATURE	Dena	det	Ski	Tare	lic)		STANT MED			22b. DATI	SIGNED		
	EXAMINER'S			17105			DEPL	JTY MEDICA	L EXAMI	NER X		. 27.	196	8
	NAME (Type)	RENED	ICI SK	ITAREL	IC,	M.D.	ADD	RESS(Street	, city, to	wn, or county)	CUMBER	RLAND.	. M	D.
230.	BURIAL, CREMA	TION, 23b. C	DATE		NE OF CEMETER		MATORY			LOCATION (City		(County)		ote)
	REMOVAL (Spec	4/	30/68		rity Lu	ither				Cumberl	and, Al	legany	M.	d.
24. F	UNERAL DIRECT				ADDRESS			2So. REC'I	BY REC	GISTRAR	25b. REGISTRAR'S	SIGNATURE	Que	eec.
	H. Wa	uno Goon	ap Cum	honland	Manuel	and		DATE	YAN	0 1 19	חם אניי	and a	1	1

VR A15ME (5) 10M REV. 1/68

TO DEPUTY



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	69099	AND STREET	LEKTIFICA	It UP DEATH			1111	193
1. DI	ECEASED-NAME First	Middle		Lost	2a. DATE OF	DEATH		2b. HOUR
(1	ype or print)	GEORGE	118	ol ford			ay Year	C40 AM
	0013						2 1968	
3. SE	X	4. RACE	S.	DATE OF BIRTH	1001	6. AGE (In years lost birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	19	W		2-17-	1890	17 YRS		HIN.
7a. 1	BIRTHPLACE (State or foreign 7	7b. CITIZEN OF WHAT COUNTRY?	8. MADDIED	NEVER MARRIED	9. COUNTY OF	DEATH		
cour	ntrv)	TT C A	WIDOWED 🔀		GII	egany		
		U.S.A.					Test was an	Md.
10. 0	Cumberland. r	11. NAME OF HOSPITAL OR INS give street oddress) Cumber and N	. /		nast af warking	(Kind of work done life, even if retired.)	INDUSTRY	BUSINESS OR
120	HELIAI DECIDENCE (Whose decease)	d lived, if institution: Residence before	112 CITY OD TO	OWN 13d, INSIDE CITY	ETATE	REET AND NUMBER	CELAN	10 B
adm	ission) STATE Maralank	13b. COUNTY 11 Legany	Frestba		NO 36. 31	- 1	5+.	
_	FATHER'S NAME First	Middle (lost		OTHER'S MAIDEN NAME		Middle		Lost
14. 1	FATHER 3 NAME FIRST	V		TOTHER S MAIDEN NAME				razi
	IRVIN	GEORGE WOLF		4 - 1 - 1 - 1 - 1	UNKN	IOWN		
16a.	WAS DECEASED EVER IN U.S. ARME			DRMANT		FROSTBU	JRG. MD	
1	(es, ne or unknown) (If yes give wor	or dates of service) 214-07-1	633 MR	. LEROY W	OLFORD	24 DEPO	T ROAD	
							APPROXI	MATE INTERVAL
	PART I. DEATH WAS CAUSED	one cause per line far (a), (b), and (c).		d: -			BETWEEN C	ONSET AND DEATH
	IMMEDIAT	E CAUSE (0) Coronary	arter	y Cuseas	e		OM	could
	4129	DUE TO, OR AS A CONSEQUENCE OF		y diseas				
	Conditions, if ony, which gave	(b)	carti	noseler	m	742,4, 20	1 me	ear
	nse ta immediate cause (o),(DUE TO, OR AS A CONSEQUENCE OF	0000					
	stating the underlying couse							
		(c)						
-	PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)		
z	4201							
CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?	20b. II	F YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
5				YES NO T	CAUSE	S OF DEATH?		
E	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Int. HOW	INJURY OCCURRED (Ent		one in Dart 1 or Dart 2	Itom 191	
	OR CONTRIBUTING CAUSE OF DEATH	2.0		HAJOKI OCCURRED (EIII	er nature at info	ny ili ruti i oi ruti z	, 116111 16.)	
MEDICAL	(If either, notify medical examine	er) P.M. 19	9					
W	While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY.) 21f. LOCA	TION Street or R.F.D. N	o. City	or Town	County	Stote
	at wark at wark	1 1 1 1 1	16	Ca 10	75.05	17 75 1	0 /- (1) .	(1) () (
	22a. I certify that (I) (this	hospitol) ottended the deceose	ad from_3	- x- , 191	0 1 , 10	V-/2	Y_GA_, thot	(I) (we) last
	saw the deceased all	ve on 4-10 1	ywo, and t	nat in (my) (our) of	death	occurred on the c	tote and hour	ond from the
		(I) (we) (did) (did not) view the	bady after de	um.				
	22b. SIGNATURE	1200		ATTENDING 1	MED.		DATE SIGNED	10
	4	Mones	DEGREE		DIRECTOR \Box	PHYS.	4-12-	60
	22d. PHYSICIAN'S			22e. ADDRESS				EST
	NAME (Type) LEWIS	BRINGS, M.D.		57 GREEN	E ST.	CUMBERI	LAND, MD	
230	BURIAL, CREMATION, 23b. DA	ATE 230 NAME OF	CEMETERY OR CR			ON (City or Town)	(County)	(Stote)
230.	DEMOVAL (C							
B		15/68 FROSTB	2 2 2 2		FROST		LLEGAN	L , MD .
24	EUNERAL DIRECTOR M. SOL	VERS HAFER-SOWE	RS FIIN		BY REGISTRAR	2Sb. REGISTRAR	- 40	
M	Tanka M. Sou	HOME 60 W. MA	IN FRO	STRUPMENP	R 16 19	968 you	erles Ju	ye.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death Page 4 moy be retained by the hospital ar attending physicion.

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VR A15 (4) 30M REV. 1468

GEORG . The court of the court of the court of the

FOR PM3. Poge necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to ny delay is ent-et

00

This certificate should be executed within 24 hours after death

SICAL EXAMINER:

TO DEPUTY

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Depart the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm Health prior to burial, cremation, or removal, and in any event within 72 hours after death. 5 may be retained far your files.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

050	38	MEDIC	AL EXAM	INER'S	CERTIFIC	CATE	OF DE	ATH		1	0504	£ 43
1. DECEASED-NAME	First		Midd	lle		Last				Manth Day	Year	2b. HOU
(Type or Print)	MAR	Y	Chestr		YANT	rz			OF ESTI-	4 - 1'	7 168	9:30
3. SEX	4. RACE	S. DATE OF BIR	TH	6. AGE (In year			IF UNDER		2c. DATE PRONOUNCED DE	AD		2d Mou
FEMALE	WHITE	NOV. 8	, 1888	79 y	RS. MONTHS	DAYS	HOURS	MIN.	Month Do	У	Yeor 19	
7a. BIRTHPLACE (Stat		. CITIZEN OF WH	AT COUNTRY?		MARRIED N	EVER MAR	RRIED	9. COL	INTY OF DEATH			
"MARYLAND		U.S.	Δ	W	IDOWED T	DIVO	RCED 🗍	Δ1	LIEGANY			A
10. CITY OR TOWN O		11. N/	AME OF HOSPITA			haspital	12a. U		CCUPATION (Kind of work of	dane 12b.	KIND OF BUS	INESS OR
FROSTE	TIPC		treet address)	963 GLE				mast o	f working life, even if retine WORK	red.) INDL	USTRY WN HOM	er e
12m HISHAL DESIDEN	ICE /Whose decomes	d lived, if institu	tion. Pasidence	hefore 13c C	ITY OR TOWN	130	I. INSIDE CITY	LIMITS?	13e. STREET AND NUMBER		WN DOM	<u> </u>
odmission) STAT	ADVITAND	13b. COUNTY	TIPCAND	יים דיים	STBURG		YES N	10 0	1961 GLENN		ET	
14. FATHER'S NAME	First	Middle	THEGOAIN	last			DEN NAME	First	Middle		Last	
	JAMES	muuro	HENA		13. 70111	MINI		11131	Middle		ARS	
16a. WAS DECEASED E		NDCCC2	16b. SOCIAL SEC		Laz uronu		ATE		4.0000000			
(Yes, na, ar unkna		ar or dates of service)	NONE	UKITT NU.	MRS.		A RUP	P, 1	ROSTBURG, M	96½ G. D. 2	LENN S 1532	Т.,
	F DEATH (Enter anly		ne far (a), (b),	and (c).)				1			APPROXIMATE BETWEEN ONSET	
PART I. I	DEATH WAS CAUSED	BY: E CAUSE (a)		C	orona	777	occl1	າຣຳ	on		Sudde	
410	7		AS A CONSEQUE		or one.	-						
	any, which gave	(6)			Corons	זדיני ב	Scle	eros	sis			
	diate cause (a), (nderlying cause (DUE TO, OR	AS A CONSEQUI		JOI OIL	44	201	72.01	7.2.0			
last.)	(4)										
PART 2 OTHER	SIGNIFICANT CONDIT	IONS CONTRIBITI	NG TO DEATH R	HT NOT RELAT	ED TO THE TER	MINAL D	ISEASE OF (CONDITIC	ON GIVEN IN PART 1(g)			
471	JIONII ICHINI CONDII	TOTO CONTRIBUTI	10 10 011111	or nor newn	LO TO THE TEN	William D	DENSE OK	CONDING	or order in take ito			
19a. DATE OF C	OPERATION		19b. CONDITION	FOR WHICH (OPERATION						20. AUTOPSY	17
FICA			WAS PERF								YES 🗀	NO 🗀
210. EXTERNAL	CALISE WAS	216 TIME OF	INJURY Manth, D	Inv. Year	21c HOW IN	IIIIPY OC	CLIPPED (Er	tor note	re af injury in Part 1 or Pa	art 2 Itam 1		140
	OR CONTRIBUTING	HOUR A.	M.		210. 71077 110	DOKT OC	COKKED (EI	ner nuru	ne or injury in run 1 or ru	JII 2, II GIII I	0.1	
CAUSE OF DEA		ACE OF INJURY (19	21f. LOCATIO	Al Chunch	D C D M-		City T			State
- IZIO. HISOKI OC	2.0	ary, affice buildin		street,	ZII. LUCATIO	M 21reer	or K.F.D. No.		City or Town	(ounty	State
WHILE AT WORK							-					
	certify that I to						psy,	Ins	spection 🔀, Inqui	ry X,	ond in m	y opinia
death re	esulted fram:	Natural caus	ses X A	ccident 🔲	, Suicide		Hamicid	le 🔲	, Undetermined mo	nner 🗌		
	0	1 0	Vo	10	- 1		F MEDICAL	EXAMIN	ER			
ACTUAL SIGNATURE	Tene	dict	- VK	take	Rich	D. ASSI	STANT MED	ICAL EXA	WHITE CO.	DATE SIGN		
EXAMINER'S						DEPI	UTY MEDICA	AL EXAM	INER 🔼	APR.	18, 19	68
NAME (Type)	Bened	ict Sk	itarel	ic. M	.D.	ADD	RESS(Street	, city, ta	iwn, or county) Cum	nberl	and.	Md.
23a. BURIAL, CREMA	ATION, 23b. I			ME OF CEMETE		TORY		23d.	LOCATION (City or Town)	(Cau	inty) (S	tate)
BURIAL (Spec	API	2. 20 16	8 ST.	PATRIC	KIS CE	EMETT	ERY		MT. SAVAGE.	MD.		
24. FUNERAL DIRECT	TOR			ADDRESS		Trib. Street also de	2So. REC'I	D BY RE			ATURE	
JUSEPH R	. DURST,	FROSTBU	JRG, MD.	21532	2		20.00		0.0 1000	/week		

Milantes Judge

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VR A15ME (5) 10M REV. 1/68

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				Grand I	
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